OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

VS.

PLEASE TYPE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10159

Dr. Hornbaker 10157 CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Washington MARYLAND	STATE Maryland county Washington
CITY (If outside corporate limits, write RURAL) LENGTH OF	STAY CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this pla	ice) OR
THE STATE OWN I SHIP.	
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)
STREET ADDRESS Washington Co. Hospit	al 422 Summit Ave.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
	ALVORD OF DEATH: Oct. 20 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. RACE: WIDOWED, DIVORCED,	DATE OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
	y 21.1886 69 yrs. Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINE	
work done during most of working life, OR INDUSTRY:	COUNTRY?
TIOUSEWILE OWN HOME	Sprechers Mill, Md. USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William H. Sprecher	Enma K. Neibert
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY I	
(Yes, no, or unk.) (If Yes, give war or dates	Oberes en 19 As en 19
NO of service) None	Charles F. Alvord
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 33/X IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. (B)	ore bond trucatologe 5 hours urmliged + cure (and anterioselerosis buenetie heart disease Unknown
STATING UNDERLYING CAUSE LAST. (C)	Consulté brast distant
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TALKALINIA
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPER	PATION
DATE OF OF ENAMES.	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm of CONTRIBUTING CAUSE OF DEATH OF INJURY street, office (IF EITHER, NOTIFY MEDICAL EXAMINER)	m. factory, bldg., etc. INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCU OF INJURY M. at work at work	ile 📉
22. I hereby certify that I attended the deceased from	1819.J., to 10-20, 19.J.J, that I last saw the deceased
signature	ed at 5.06. M, from the causes and on the date stated above.
Tot AMb	154 W. was his tou for DATE SIGNED
John Horeland	M. D. 174 W. Washington 10-21-JJ EMETERY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (SPECIFT)	EMETERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial 10-23-55 Rose H	ill Cemetery Hagerstown, Md.
DATE REC'D BY LOCAL REGISTRAR'S, SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Est 22,1955 bushowers	Andrew K. Coffman-Hagerstown Md.
	THE COLUMN AND CASE OF SHARE

Weccally light block

SECEIVE N. S.

OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

PLEASE TYPE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10158 CERTIFICATE OF DEATH

RE, 18 1()16()
Reg. Dist. No. 302......

10100	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Washington MARYLAND	STATE Maryland county Washington
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place) 3 TOWN Hagerstown 5 years	or town Hagerstown 03
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR TO STREET ADDRESS 33 13 Och Hill Avenue	ADDRESS 1141 Oak Hill Avenue
IIII Oak HILL Avenue	
DECEASED:	in the second se
(Type or Print) Robert Norman	Bachtell, Sr. DEATH: Oct. 24 19 55 OF BIRTH: 19. AGE last birthday if UNDER 1 YEAR IF UNDER 24 MRS.
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married 6-29-	Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
V. ever it settled ank Hagerstown Bank	Edgemont, Maryland U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
- A D14-11	Amanda Stouffer
Tracy A. Bachtell	17. INFORMANT & ADDRESS:
Yes, no, or unk.) (If Yes, give war or dates	Darbtoll Harenstown Md.
NO	MIS. Handle M. Daniel
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
11921	
IMMEDIATE CAUSE (A)	is Neverles Frien 194
ANTECEDENT CAUSE (S)	
DISEASES OR CONDITIONS, IF ANY. (B)	
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	
(C)	
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N 20. AUTOPSY?
	YES NO
1A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OF INJURY street, office bldg., of the place of the	ctory, 21c. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?
	, 1959, to /6 - 2-4, 195, that I last saw the deceased
22. I nereby certify that I attended the deceased from	The state of the s
alive on 10-24, 1933, and that death occurred at	M, from the causes and on the date stated above. ADDRESS DATE SIGNED
A SALSAM	11-15-35
23. BURIAL, CREMATION, DATE THEREOF MAME OF CEMET	ERY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (SPECIFY) Burial 10-27-1955 Rose Hill	
DATE BEGID BY LOCAL DEGISTRAD'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REGISTRAR 26.1955 Pales AHBOWEST	C. M. Suter & Sons, Hagerstown, "d.

OCT 28 1055

OCT 28 1055

READ V. S.

1.3	
correct	
The	oly.
carefully.	and legibl
information	death clearly
o ma	Jo s
ery ite	cause
y ev	the
Suppl	write
INK	please
UNFADING	Physicians:
WITH	portant.
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct	age is especially important. Physicians: please write the causes of death clearly and leg
WRIT	age is
LEASE	

VS. A15

N	MARYLAND S	STATE DEPAR	RTMEN	OF HEAL	TH—BAI	LTIMOR	RE, 18	1016	
1	10199	CERTIFIC	CATE	OF DE	ATH		Reg. Di	ist. No.3	04
I. PLACE OF DEATH:			1	2. USUAL RESI	DENCE (HO	ME) OF DI	ECEASED:		
Work	ington				ryland V				
CITY (If outside cor		MARYLA		CITY (If out					onword forms
X TOWN Rural He	at town)	(in this 2 Day	place)	OR	Rural H			3 and Rive in	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS			give locati	ion)	1
3. NAME OF	(First)	(Middle)		(Last)	4. DATE	(Mor	nth) (1	Day) (Ye	ear)
DECEASED: (Type or Print)	Rose	Mary	Bar	nhart	OF DEAT	н: 10)	13 19	55
5. SEX: S. COLO RACE	: WIDO		8. DATE 0	F BIRTH:	9. AGE las	t birthday:	IF UNDER Months	Days Hou	
10a. USUAL OCCUPATION	N.Give kind of	10b. KIND OF BUS			E (State or	foreign cou	untry): 1	2. CITIZEN	OF WHAT
work done during more even if retired): HC	et of working life	INDUSTRY:		707 - 7-4		1 10		COUNTRY	
13. FATHER'S NAME:	usewile	Housewife		Washing	ton Cour	ity Mu		U .S.A	
THE PARTY OF THE PARTY.				14. 510171216 5 342	LIDEN MARKET				
	Heller			Fann	ie Murra	y			
15 WAS DECEASED EVER IN (Yes, no, or unk.) (If Yes	U.S. ARMED FORCES!	16. SOCIAL SECURITY	No.: 17.	NFORMANT & A	DDRESS:				
No service)	, 6	None	Che	rles A Bar	nhart R.	F.D.1	Hanco	ok Md.	
I. DISEASES OR CONI Immediate cause Antecedent cause Diseases or condition giving rise to the a stating the underlyin	(a DUE ss(s) ss, if any, (bove cause	my o	- Ес	dial-	Heli	021		Onset	And Death
II OTHER SIGNIFICAN	T CONDITIONS	0 -1				1			
II. OTHER SIGNIFICAN Conditions contributin related to the disease	g to the death but r or condition causing	death.	rias	o Sch	roon	0		10	gro.
19a. DATE OF OPERATIO	ON: 19b. MAJOR	FINDINGS OF OPE	RATION					20. A	UTOPSY ?
AL ACCIDENT									□ No 🛛
HOMICIDE	INJU	CE (Home, farm, factor office bldg., etc.)	ory, street,	(CITY OR TO	WN)	(COUN	TY)	(STATE)	
TIME (Month) (Day) OF INJURY	(Year) (Hour) m.	While at Not Work At W		HOW DID INJU	RY OCCUR				
22. I hereby certify t	hat I attended th	e deceased from	2cx 11	.1955, to C	Jex 13.	1955.	that I la	st saw the	deceased
	21, 19.5.5, and	that death occurred (Degree or title)	ed at 12	ear Sp	om the cau	ses and o	n the da	te stated a DATE SIGN	bove.
REMOVAL (Specify Burial	10-16-5			or cremator		TION (City			
DATE REC'D BY LOC REGISTIAR		SIGNATURE		. FUNERAL DI		1/	5	ADDR	ESS
10/11/14	11	11000		Nousel of	- sales	2 7002	nesse	2 md	

In first telester.

BUREAU V. S.

OCT 18 1955

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DES 3,1955

10159	10163
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	Reg. Dist.
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No. 302
1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Washington MARYLAND STATE Maryland county Washing	rten
CITY (If outside corporate limits, write RURAL OR and give pearest town), (in this place) TOWN Hagerstown, Md. Sovrs. CITY (If outside corporate limits write RURAL and OR TOWN Hagerstown, Maryland.	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 33 W. North Street 53 W. North Street	/
3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) DECEASED: (Type or Print) liarguerite Turner 1. Brown DEATH 10 31	(Year) 1955
5. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, S. DATE OF BIRTH: WIDOWED, DIVORCED, S. DATE OF BIRTH: Colored (Specify): Widewed Jan 13 1898 9. AGE lsst birthday: IF UNDER 1 YI Months Day Months Day	ys Hours Min.
work done during most of work life, even if retired) Demestic Own home Williamsport, Md.	CITIZEN OF WHAT COUNTRY? JSA
13. FATHER'S NAME:	
Ellswerth Turner Mary Byrd	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of	
no service) 220-10-3553 James F. Brewn 142 W. Nerth	Street.
18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 4.20./ Becute coronary occlusion Immediate cause (a)	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) acute coronary occlusion DUE TO	
Immediate cause (a) acute coronary occlusion DUE TO Antecedent cause(s)	
Immediate cause (a) DUE TO Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO	
Immediate cause DUE TO Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause stating underlying cause last (c)	
Immediate cause DUE TO Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last	
Immediate cause DUE TO Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause but TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Thyrotoxicosis	
Immediate cause (a) But To Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF OPERATION: 21b. PLACE (Home, farm, factory, linding) OF street, office bldg., etc., linding	ONSET AND DEATH
Immediate cause DUE TO Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS 1 21b. PLACE (Home, farm, factory, 1 21c. (City or town) (County)	20. AUTOPSY? Yes \(\) No \(\)
Immediate cause DUE TO Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., etc., CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURED While at Not while	ONSET AND DEATH 20. AUTOPSY? Yes \(\) No \(\) (State) Inquiry \(\), and mined cause \(\). DATE SIGNED

Hagerstown

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10164

Dr.Wm. La	yn40160	CERTIFICATE	\mathbf{OF}	DEATH	
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Reg. Dist. No. 302

Andrew K. Coffman-Hagerstown, Md.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Washington MARYLAND	STATE Maryland county Washington
CITY (If outside corporate limits, write RURAL or stay (in this place) 3 TOWN Hagerstown 20 days	
HOSPITAL OR INSTITUTION OR 8/STREET ADDRESS Washington Co. Hospital	STREET (If rural give location) / 1224 Ravenwood Road
3. NAME OF (First) (Middle) DECEASED: (Type or Print) BERTHA MARIE BUS	(Last) 4. DATE (Month) (Day) (Year)
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE: WIDOWED, DIVORCED,	
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife Own Home	Hagerstown, Maryland USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Samuel E. Hammersla	Nina Moats
8. WAR DECEASED EVER IN U.S. ARMEO FORCEST (S. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:
No of service) — — None	Oscar S. Busey
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	rcinoma, Metastatic involving a Mosaum and abdominal cavity ve cardiovascular disease 6 months
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
Biopsy(supra clavicular node -7-6-55 - Metastic	mucoid, carcinoma 20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.	ctory, 21c. WHERE DID (City or town) (County) (State) ,, etc. INJURY OCCUR?
2 ID. TIME (Month) (Day) (Year) (Hour) 2 IE INJURY OCCURRE While Not while at work at work	D 21F. HOW DID INJURY OCCUR?
alive on Oct. 29th, 1955, and that death occurred at SIGNATURE	ADDRESS DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	M.D. Hagerstown, Md. TERY OR CREMATORY LOCATION (City, town, or county) (State) TO CEMETERY Hagerstown, Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS

Z .V UABRUR

NOV 2 1955

DECENED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Dr. Hirshmah 0200 CERTIFICATE OF DEATH

RE, 18 10165

Reg. Dist. No. 307

I. PLACE OF DEATH:	2. USUAL RESIDE	NCE (HOME) OF DECEAS	ED:
county Washington MARYLAND	STATE Mary	and county Was	hington
CITY (If outside corporate limits, write RURAL LENGTH OF STAY		orporate limits, write RURAL	
OR and give nearest town) (in this place)	OR TOWN Had		- 2
V Gabiand pa mis.	AACUE	gerstown	03
HOSPITAL OR INSTITUTION OR	STREET ADDRESS	(If rural give location	1)
of street Address Gapland		32 Pennsylvania	a Ave.
	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED: (Type or Print) CATHERINE BLANCHE CHAN		DEATH: Oct.	
RACE: WIDOWED, DIVORCED.		. AGE last birthday IF UNDER Months	
Female White (Specify): Widowed Sept.	27.1891	64 yrs.	Days Hours Min.
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	II. BIRTHPLACE (S	State or foreign country): 12	. CITIZEN OF WHAT
work done during most of working life, OR INDUSTRY:			COUNTRY?
Laur Indendice	Tilghmanto		USA
13. FATHER'S NAME:	14. MOTHER'S MA		
Henry Moats	Susan I		
(Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT &	ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Mr. Howard	i M. Chaney	
18. MEDICAL CERTIFICAT	ION		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			ONSET AND DEATH
420.1	Brolus	1.00	2 14 cont
IMMEDIATE CAUSE (A)	is come		- L month
ANTECEDENT CAUSE (S)	-C- 0	en Asease	5.
	e commence	les course	agis.
STATING UNDERLYING CAUSE LAST. DUE TO			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	1		
138. BATE OF OPERATION. 138. MASON FINDINGS OF OPERATION	•		20. AUTOPSY?
			YES NO Z
V			
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,		Cou (City or town) (Cou	nty) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR	?	nty) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	etc. INJURY OCCUR	?	nty) (State)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E INJURY OCCURRED While Not while at work	etc. INJURY OCCUR	7 NJURY OCCUR?	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work 22. I hereby certify that I attended the deceased from	21F. HOW DID IN	y njury occur?	st saw the deceased
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) OF INJURY 21D. TIME (Month) (Day) (Year) (Hour) While Not while at work at work at work 22. I hereby certify that I attended the deceased from alive on All Andrews and that death occurred at	21F. HOW DID IN	JURY OCCUR? 19/1, that I lace causes and on the date	st saw the deceased
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) OF INJURY 21D. TIME (Month) (Day) (Year) (Hour) While Not while at work at work at work 22. I hereby certify that I attended the deceased from alive on SIGNATURE AND ADDRESS AND	21F. HOW DID IN 21F. HOW DID IN M, from the	NJURY OCCUR? 19/1, 19/1, that I late causes and on the date	st saw the deceased stated above.
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) OF INJURY OF INJURY 21E INJURY OCCURRED While Not while at work at work 22. I hereby certify that I attended the deceased from signature alive on All Signature M. M. M.	21F. HOW DID IN 21F. HOW DID IN 19 M, from the DDRESS D.	JURY OCCUR? 7 /9 , 19 J, that I last causes and on the date Mm less /0	st saw the deceased stated above. ATE SIGNED
OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OF INJURY While at work at work at work at work At work At work At work At work OF INJURY OF INJU	21F. HOW DID IN 21F. HOW DID IN M, from the	NJURY OCCUR? 19/1, 19/1, that I late causes and on the date	st saw the deceased e stated above. ATE SIGNED
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E INJURY OCCURRED While Not while at work at work at work 22. I hereby certify that I attended the deceased from signature at SIGNATURE MAN. M. M. M.	21F. HOW DID IN 21F. HOW DID IN M, from the ADDRESS D. ERY OR CREMATORY	JURY OCCUR? 197, 197, that I late causes and on the date of the last of the location (City, town, ar. Tilghnan	st saw the deceased e stated above. ATE SIGNED OF COUNTY) (State)



MARYLAND STATE DEPARTMENT OF HEALTH

10161

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

			2	00
Reg.	Dist.	No	5	UZ

		FOR MEDICAL	- EARWINGTON		Reg. Dist. No)	
I. PLACE OF DEA	TII·		2. USUAL RESIDENCE	(HOME) OF DE	CEASED.	,	
COUNTY Was	shington	MARYLAND	Marvl	and	Washingt	on	
CITY (If outside OR give neare			CITY (If outside cor OR TOWN Ha	porate limita, write gerstown	RURAL and giv	e nearest town)	23
HOSPITAL OR	erstown		STREET	0	give location)		7
INSTITUTION STREET ADDR	or SESS On S. Potoma	c St.	ADDDDDD	l East Was	-		
3. NAME OF	(First)	(Middle)	(Last)	4. DATE	(Month)	(Day) ((Year)
(Type or Print)	Hjalmer	Lund	Christensen	OF DEATH	Oct.	7	19 5
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last bir	thday If under Months	I year If unde	r 24 hrs
Male	White	WIDOWED DIVORCED. (Specify) WIDOWET	Feb. 10, 1	004 /	Lyra.	611	
	JPATION (Give kind of work		II. BIRTHPLACE (Sta		() I2	COUNTRY?	WHAT
Salesma	f working life, even if retired) .	Vending Mach. Co.	Silkeborg,	Denmark		COUNTRY!	1.
IS. FATHER'S NA	ME		14. MOTHER'S MAID	EN NAME			4-19
	Christian Chris	tensen	Mar	en Nielsen			
IS. WAS DECEASED	EVER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY No.	17. INFORMANT AND	ADDRESS			
(Yes, no, or unknown	n) (If yes, give war or dates or	480-14-0853	Mrs. E. Lee	Stine Har	erstown	Md.	
<u> </u>	leervice)	18. MEDICAL CE		DULITO, Has	010001111	114	
		IS. MEDICAL CE	RUFTCATION			INTERVAL BE	TWEEN
	CONDITIONS DIRECTLY	LEADING TO DEATH				ONSET AND	DEATH
420.1		acute co	oronary thromb	osis			
Immedia	ale cause (a)						
Anteced	ent cause(s)	vascular Hypert	ension				
Diseases o	or conditions, if any, (b)						
giving rise	e to the above cause e underlying cause last						
acacing cu-	e dideriying cades take					1	
II OTHER SIGNI	FICANT CONDITIONS					1	
Conditions contri	ibuting to the death but not						
	PERATION 195 MAJOR	FINDINGS OF OPERATION				1 20. AUTOP	SY?
DATE OF OF	EIGHTION ING. MASOIC	THOMAS OF OTHER TON					1
At Waterway		00 /0	CITY	R TOWN)	(COUNTY		No H
21. EXTERNAL C PRIMARY ☐ OR CAUSE OF DEA	CONTRIBUTING OF INJUINA	CE (Home, farm, factory, street, office bldg., etc.) URY	(01110)	r IOWN)	(COUNTY) (SIAIE	2)
TIME (Month	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY	OCCUR?			
OF INJURY	Voul m.	While at Not while work at work					
				/			
22. I certify that	I took charge of the rema	ins described above, held an A r Inquiry, find that said dece	Autopsy [], Inspection	Inquiry [thereon and	from the evic	lence
obtained by 8	aid Autopsy, Inspection o	r Inquiry, find that said dece	eased died on the dry s	tated above, and	aeath in my	opinion resi	uitea
from: natur	cai causes W accident	, suicide , nomicidate,	unaeierminea,			DATE SIG	NED
SIGNATURE	0 1 001	, suicide , homicidam, (Degree or title)	1101111100				1
A Note	eil hells h	MED MUIS	N. Potomac St.	- Hagerston	vn. Md.	Pet, 7	5 5
23. BURIAL, CRE	MATION I DATE THERE	OF COUNTY OF CEMETE	RY OR CREMATORY	LOCATION (C)	ty, town, or coun	ity) (St	ate)
REMOVAL (SI Burial	pecify) 70-0-70	OF DEPUT NAME OF CEMETE WASHEST Haven	Comotomr	Hagersto	um Mamr	land	
DATE REC'D BY	Y LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRE	TOR	Will Flerr AT	ADDRESS	
anno de la la companya de la companya della companya de la companya de la companya della company	LOCAL REGISTICARS	Will a west					
Cot. 8. 19.	40 Grass	1, 200000	IC. M. Suter 8	Sons, Hag	erstown,	Ma.	

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age is especially important. Phy-		
especially		-
13		
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MARYLAND S	TATE DEPARTME	NT OF HEALTH—BALT	IMORE, 18 1	0167
10162	CERTIFICAT		Reg. Dist.	
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME)	OF DECEASED SH	INGTON
COUNTY WASHINGTON	MARYLAND	STATE MARYLAND	COUN	
CITY (If outside corporate limits, write	RURAL LENGTH OF STA		nits, write RURAL an	d give nearest town)
3 TOWN and HIAGERSTOWN	(in this place)	TOWN HAGERSTON	ATA	03
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON	CCOUNTY HOSPIT	I DEPENDE	If rural give location) OCUST ST.	1
3. NAME OF DECEASED: NORMAN (First)	(Middle) THEODORE	(Last) HURCHEY 4. DATE OF DEATH:	(Month) (Day)	
, , , , , , , , , , , , , , , , , , , ,	MARRIED, 8. DATE		irthday: IF UNDER I YE	EAR IF UNDER 24 HRS.
MALE WHITE (Specify	ved, bivokced, 10/	5/1905 50	yrs. Months Da	ys Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, ever if retired to	10b. KIND OF BUSINESS OF INDUSTRY: AUTO REPAIR S	OR II. BIRTHPLACE (State or for SHOP MARYLAND	reign country): 12. C	U.S.A.
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:		
JOHN CHURCHEY		EFFIE I. KENDAI	بار	
15 WAS DECEASED EVER IN U.S.ARMED FORCES? (Yes, Oo, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 414-09-3984	7. INFORMANT & ADDRESS: MRS. MABEL CHURCHI	HAGERST	OWN
1. DISEASES OR CONDITIONS DIRECTLY	18. MEDICAL CERTIFICA	TION		Interval Between
Immediate cause Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c)	Recum	inal Obstruct in gastric U	lcens	Onset And Death
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but no	ot			
related to the disease or condition causing 19a. DATE OF OPERATION: 19b. MAJOR				20. AUTOPSY ?
0				Yes No No
SUICIDE OF INJUS	E (Home, farm, factory, stre office bldg., etc.)	et, (CITY OR TOWN)	(COUNTY) (S	TATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURED While at Not While Work At Work	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the alive on Colonia, 19.55., and the signature 23. BURIAL, CREMATION DATE THERE REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S REGISTRAR'S	hat death occurred at some of title) NAME OF CEMET	29,1955, to Cled. 28, 19 3.40 A.M., from the causes ADDRESS 145W. Wash. ERY OR CREMATORY LOCATION 24, FUNERAL DIRECTOR	and on the date s	stated above. TE SIGNED

DECENTED NOV

RUREAU V. S.

Supply every item of information carefully. The

death clearly and legibly.

of

please write the

Physicians:

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correct

D FOR	INK.
MARGIN RESERVED	PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.
ARGIN	WITH
M	PLAINLY,
J	WRITE
	OR
10 - 53	TYPE
S. A15 — 10 - 53	LEASE
rô	Д

VS.

MARYLAND STATE DEPARTMENT 10201 CERTIFICATE	Dr Ralph Voune	3
	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Washington MARYLAND	Maryland Washington County	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Hazerstown R#3	CITY(If outside corporate limits, write RURAL and give nearest to OR	own)
TOWN Hagerstown R#3 6 Weeks	TOWN Hagerstown R# 4	_
OCCURSTITUTION OR STREET ADDRESS DOWNSVILLE Pike	STREET (If rural give location) ADDRESS Maugansville Rd	
3. NAME OF (First) (Middle) (La DECEASED:		
(Type or Print) GERTRUDE SPIELMAN CLINE	DEATH: 00t 1 195519	
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED, (Specify) 4. (Specify) 4.	Months Days Hours I M	ins.
Female White (Specify) Arried Sept	27 1877 78 yrs. 1. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WE	1147
Housewife Own Home	Mt Moriah Wash Co Md USA	HAI
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
George U. Spielman	Manzella Highbarger	
15. WAR DECEASED EVER IN U.S. ARMED FORCEST 15. SDCIAL SECURITY ND. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	
No of service 220-36-5187	J. Christian Cline	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420, INMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DIFE TO	ary Heroutoia Day	
STATING UNDERLYING CAUSE LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPS	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	y. 2Ic. WHERE DID (City or town) (County) (State) INJURY OCCUR?	
OF INJURY OF INJURY	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 130/00	1., 19, to Oll St 19, that I last saw the decea	sed
alive on 19, 19, and that death occurred at 0 signature	ADDRESS DATE SIGNED	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY		tate)
Burial 10/3/55 Dunkard Cmet	Broadfording Wash. Co Mc	d
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman-Hagerstown Md.	

BUREAU V. S.

OCT 11 1955

BECEINED

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10163 10163 CERTIFICATE OF DEATH Por Dist No 302

		110
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Washington MARYLAND	STATE Maryland count	ing ton
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL, an	d give nearest town)
Hagerstown 2 Days	TICECTORAN	03
NSTITUTION OR STREET ADDRESS Wash. County Hospital	STREET (If rural give location) ADDRESS 546 Salem Ave	1
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	
	OF BIRTII: 9. AGE jast birthday: IF UNDER 1 YE	9599
Female white Widowed, Divorced, (SpecifySingle Oct	Months Day	
work done during most of working life, even if retired): None	Hagerstown Md.	ITIZEN OF WHAT OUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Angle Daley	Virginia Hoover	
15 Was Deceased Ever In U.S. Armed Forces? 16. Social Security No.: 17. (Yes, no, or unk.) (1f Yes, give war or dates of service).	Angle Daley 546 Salem Ave	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 776 X Immediate cause (a) DUE TO Antecedent causes (s) Diseases or conditions, if any, giving rise to the above eause stating the underlying eause last. DUE TO	5 26 Whs	Onset And Death
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
		Yes NoT
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (ST	rate)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY m. Work ☐ At Work ☐	HOW DID INJURY OCCUR?	
alive on 19 , 19 , and that death occurred at	,1933, to // 24 , 1933, that I last s	tated above.

BUREAU V. S.

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BECEINED

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1

10164 CERTIFICATE OF DEATH

Reg. Dist. No. 302

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Washington MARYLAND	STATE Maryland Washing	TY
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)	CITY (If outside corporate limits, write RURAL an	d give nearest town)
OR and give nearest town) OR TOWN Hagerstown Days	or Town Hagerstown	03
HOSPITAL OR	STREET (If rural give location)	1
8/ STREET ADDRESS sh. County Hospital	546 Salem Ave	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) JUNE LOUISE DAI	LEY DEATH: October	24 1955
5. SEX: S. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday: if UNDER I YE Months: Da	
Female White (SpecifySingle Oct	22 1955 yrs. Wonths 2	ys Hours Min.
10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OR work done during most of working life. INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. C	CITIZEN OF WHAT
even if stired; Infant		JSA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Angle Daley	Virginia Hoover	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17.	INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service) None	Angle Daley 546 Salem	Ave
18. MEDICAL CERTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between
776x	1 21-11-	2 class
Immediate cause (a)	TWO - G W/F	
Antecedent causes (s)		
Diseases or conditions, if any,		
giving rise to the above cause stating the underlying cause last. DUE TO		
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a, DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
		Yes No P
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (S	TATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At Work 2	5 (1) (1, 524)	
22. I hereby certify that I attended the deceased from		
alive of 19 , and that death occurred at	oil at, from the causes and on the date s	stated above.
SIGNATURE (Degree or title)	ADDRESS	TE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER	Man My	inty) (State)
REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or cou	inty) (State)
	Cemetery Hagerstown Md	ADDRESS
MGSTAR 5 1955 1041 AH INWEND	Andrew K. Coffnan Hagerston	
we in the fact of	ARGION ME COLLEGE MAJERSTO	0-
2105256280		

BUREAU V. S.

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DECENTED S

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	1

10165 CERTIFICATE OF DEATH

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eg.	Dist.	No.	000	h

1. PLACE OF DEATH:		2. USUAL RE	SIDENC	E (HOME) OF	DECEA	SED:	MAIN	
COUNTY WASHINGTON MARY	LAND			LAND COUNT		ASHIN		
CITY (If outside corporate limits, write RURAL LENG	GTH OF STAY	CITY(If out	side corp	orate limits, wr	ite RURA	L and s	ive neare	st town)
~~	weeks	TOWN	HAGE	RSTOWN			0	3
HOSPITAL OR INSTITUTION OR		STREET		(If rural g		ion)		1
STREET ADDRESS 419 SUMMIT AVE,			419 5	SUMMIT AV	E.			
3. NAME OF (First) (Middle) DECEASED:		(Last)	1	4. DATE (M		(Day)	(Ye	ar)
(Type or Print) MITCHELL HENRY	DODSC			DEATH:		2		55
5. SEX: MALE 6. COLOR OR 7. SINGLE. MARRIED. WIDOWED, DIVORCE (Specify) SINGLE	8. DATE 8/9/5	of Birth:	9. A	GE last birthday yrs.	Months		Hours	Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT	BUSINESS STRY:	MARYLAND		e or foreign cou	ntry):	COL	S.A.	WHAT
13. FATHER'S NAME:		14. MOTHER'S	MAIDE	NAME:				
MITCHELL HENRY DODSON SR.		BETTE	JEAN	GRIFFITH				
IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL ST		17. INFORMA	NT & AL	DDRESS:				-
(Yes, no, or unk.) (If Yes, give war or dates NONE		M.H. DODS	ON SR	HAGE	RSTOW	N,MD,		
18. MEDICAL	L CERTIFICAT	ION				INT	TERVAL B	ETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO	DEATH					ON	SET AND	DEATH
92 / O IMMEDIATE CAUSE (A)	Isuluse in	10						
DUE TO								
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B)	Aminsten	of muntur					3	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.								
(c)								
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE								
DISEASE OR CONDITION CAUSING DEATH.								
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS O	OF OPERATION						O. AUTO	
							ES 🗌	NO F
21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (H. OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY str (IF EITHER, NOTIFY MEDICAL EXAMINER)			RE DID	(City or town)	(C	Q1	(St	ate)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY While at work	Not while at work	21F. HOW D	טנאו סוי	RY OCCUR?				
22. I hereby certify that I attended the deceased	from 9/23	1957, to	10/	٢ 1933	that I l	ast sav	w the de	ceased
alive on 10 / 1955, and that death		and .						
SIGNATURE	occurred at	ADDI		auses and on		DATE, S		C.
Kuland H. Comman	М.	o. Idograd	tran	, Md.		10/	5/55	ear .
REMOVAL (SPECIFY)	ME OF CEMETE	RY OR CREMAT	ORY	LOCATION (C			nty)	(State)
BURTAL 10/3/55 RI		CEMETERY		HAGERS	TOWN,			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	seras	RRED W.			STOWN		DDRESS	

DECEDAED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

TOR MEDICAL	Reg. Dist. No	0
1. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED	
Washington MARYLAND	STATE Maryland Washi	neten
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	e nearest town)
OB TOWN give nearest town) Regerstown (in this place) 7 wks	TOWN Hagerstown	03
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital	ADDRESS 430 Summit Avenue	1
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print) Emma Katie	Doub OF DEATH October	27.1955 19
Feamle White 7. SINGLE MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 9. AGE last birthday If under	I year If under 24 hre Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired) 13. FATHER'S NAME 13. FATHER'S NAME	11. BIRTHPLACE (State or foreign country) 12	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	OOA
Daniel R. Doub	Anna Funk	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. none unknown) (If yes, give war or dates of service) None	17. INFORMANT AND ADDRESS Mrs. Catherine Taylor	
18. MEDICAL CE		1
L DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(neck) left femur	50days
Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last	y artery thrombosis	20min
(c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
Sep't.9'55 Nail pinning operation		20. AUTOPSY?
		Yen No No
2I. EXTERNAL CAUSE WAS PRIMARY & CONTRIBUTING OF office bldg, etc.) CAUSE OF DEATH. INJURY 2t home		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	Hagerstown Washingt	on Md./
OF INJURY Sept. 7 155 44Ma While at work at work	Fell on the floor while gett	ing
22. I certify that I took charge of the remains described above, held an sobtained by said Autopsy, Inspection or Inquiry, find that said dece	Autopsy, inspection W , inquiry thereon and	from the evidence
from: natural causes , accident X. suicide ', homicide ,	undetermined	DATE SIGNED
flotee / hells his Entry MEDICAL EXAM. 115	5 N. Potomac St- Hagerstown Ma	10-28-55
The state of the s	5 N. Potomac St. Hagerstown Md. ERY OR CREMATORY LOCATION (City, town, or count	ty) (State)
DATE BLCD BY LOCAL REGISTRAR'S SIGNATURE	11 Cemetery Hagerstown, Md.	ADDRESS
BEX. 29.1955 Chast Bowers	Andrew K. Coffman Hagerst	own, Md.

The correct age

PEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



OR WRITE PLAINLY, WITH UNFADING INK.

PLEASE TYPE

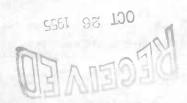
Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10173

10167 CERTIFICATE OF DEATH

Reg. Dist. No.

chelberger OF DEATH: 10 OF BIRTH: 9. AGE last birthday IF UNDER 1 V	ington and give nearest town)
CITY(If outside corporate limits, write RURAL a OR TOWN Hagerstown STREET (If rural give location) 507 Washington Squa: (Last) 4. DATE (Month) (If OF DEATH: 10) OF BIRTH: 9. AGE last birthday If UNDER 1 WASHINGTON IN MONTHS IN MONTH	re Day) (Year)
CITY(If outside corporate limits, write RURAL a OR TOWN Hagerstown STREET (If rural give location) 507 Washington Squa: (Last) 4. DATE (Month) (If OF DEATH: 10) OF BIRTH: 9. AGE last birthday If UNDER 1 WASHINGTON IN MONTHS IN MONTH	re Day) (Year)
TOWN Hagerstown STREET (If rural give location) 507 Washington Squa: (Last) 4. DATE (Month) (If the liberger of DEATH: 10 OF BIRTH: 9. AGE last birthday IF UNDER 1 WASHINGTON DEATH: 10	re Day) (Year)
ADDRESS 507 Washington Square (Last) 4. DATE (Month) (Inchelberger DEATH: 10 OF BIRTH: 9. AGE last birthday IF UNDER 1 V Months I D	re Day) (Year)
(Last) Chelberger OF BIRTH: 9. AGE last birthday F UNDER 1 V Months D	Day) (Year)
chelberger OF DEATH: 10 OF BIRTH: 9. AGE last birthday IF UNDER 1 V	03 55
Months T)	
. 1003	Days Hours Min.
11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT COUNTRY?
14. MOTHER'S MAIDEN NAME:	
Celila Kline	
17. INFORMANT & ADDRESS:	
Paul Eiclelberger Hagerstown,	, Md.
	- 1 S S S S S S S S S S S S S S S S S S
N	20. AUTOPSY7
tory. 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	(State)
21F. HOW DID INJURY OCCUR?	
. 11, 1955 to oct .23, 1955 that I last	saw the deceased
4-25 M, from the causes and on the date s ADDRESS DAT D. 2 14 N. Potomac St. Assert ERY OR CREMATORY LOCATION (City, gwn, or	stated above.
en Hagerstown	
t in	14. MOTHER'S MAIDEN NAME: Celila Kline 17. INFORMANT & ADDRESS: Paul Eiclelberger Hagerstown, ION Throm bosis Cory. 21c. WHERE DID (City or town) (Count INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 21f. How DID INJURY OCCUR? 1. 1, 1955 to Ct. 23, 1955 that I last ADDRESS DAT



BUREAU V. S.

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10202	CERTIFI	CATI	OF DEA	TH	Reg. Dist. N	o. 3 n l	0
1. PLACE OF DEATH:			2. USUAL RESID	ENCE (HOME) OF	DECEASED:		
COUNTY Washington	MARYLAN	ND.	STATE	id . COUNT	Wash.		
CITY (If outside corporate limits, write OR and give nearest town) Town Rural Smithsbu		OF STAY		corporate limits, wr	ite RURAL and	give neares	t town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD #2			STREET	RFD #2	rive location)		Î
3. NAME OF (First) DECEASED: (Type or Print) Emma	(Middle) Jane	Fla	Last) Î. P	4. DATE (M. OF DEATH:	onth) (Day) Oct. 1	(Yes	55
female 6. COLOR OR 7. SINGLE WIDOW (Specify	MARRIED. VED. DIVORCED.	e. DATE	of BIRTH: 22, 1871	9. AGE last birthday 84 yrs.	Months Days	Hours	24 HRS. Min.
work done during most of working life,	OR INDUSTROWN home	SINESS Y:	Foxville,	(State or foreign cou		IZEN OF UNTRY?	WHAT
13. FATHER'S NAME: David Lewi	s	W	14. MOTHER'S N	Hanna	Brown		
(Yes, no, or unk.) (If Yes, give war or dates of service)	IS. SOCIAL SECU	RITY NO.	Mrs. Dais		Hagersto	wn, Me	d.
IMMEDIATE CAUSE ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONDITION CAUSING IN CONDITION CAUSING IN C	(B) AY DUE TO (C) ONTRIBUTING	teri	vascul	0515		lo mi	
19a. DATE OF OPERATION: 19B. MAJOR	R FINDINGS OF	OPERATION				O. AUTO	PSY?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	18. PLACE (Home F INJURY street,	office bldg.,	etc. INJURY OCCI		(County)	(Sta	nte)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	at work at	work		INJURY OCCUR?			
23. BURIAL, CREMATION, DATE THERE BURIAL (SPECIFY) DURIAL OCt. 3,	od that death od	ecurred at	12:15AM, from ADDRES BY OR CREMATOR 17 C C C C C C C C C C C C C C C C C C C	the causes and oness by Localion (Cary Bethe	the date star DATE &	ted above	
REGISTRAR				Minnich &		DDMESS	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

OCI # 1952

BUREAU V. S.

WEST TO BE THE PERSON OF THE P

Dr Wells

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE DEATH No. 302

ect	MARYLAND STATE DEPARTMENT OF		Regumen
y every item of information carefully. The corrective causes of death clearly and legibly.	MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No. 302
Je C	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
17.	COUNTY Washington MARYLAND	STATE COUNTY	
ly.	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)	CITY (If outside corporate limits write RURAL and OR	
ful	TOWN Hagerstown 12 Days	Town Hagerstown	03
and	HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	1
u h	street Address Wash. County Hospital	121 E Antietam St	
atic	3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day OF	
cl			955 19
ath	RACE: WIDOWED, DIVORCED,	E OF BIRTH: 9. AGE last birthday: IF UNDER 1 Y	
de		R II. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WILAT
of	work done during most of work life, INDUSTRY:	77	COUNTRY?
ites	even if retired): Manager Hag! Paint & Glass 13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	USA
ry		Belle Emmert	
eve	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO .	17. INFORMANT & ADDRESS:	
th	(Yes, no, or wink.) (If Yes, give war or dates of service)	Mrs Louise H. Gimple	
Supply write th		AL CERTIFICATION	1
N B	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	and opposit sources	INTERVAL BETWEEN ONSET AND DEATH
AK.	902.6 multiple of	osed fracture ribs	Ortona Mario Dimenta
ple		osed fracture pelvis bones	
S.S.	Antecedent cause(s)		
DI	Diseases or conditions, if any, (b) EMCOLLEM U giving rise to the above cause DUE TO scute pulm	onery artery thrombosis	
F.A.	stating underlying cause last (c)		
UNFADING INK. Physicians: please	IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
田北	DISEASE OR CONDITION CAUSING DEATH.	one	1
ILY, WITH important.	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
r, J	21a. EXTERNAL CAUSE WAS PRIMARY Of or CONTRIBUTING OF Street, office bldg., etc CAUSE OF DEATH.	7, 21c. (City or town) (County)	(State)
. ii		" Rural - Hageretown, Wash N	id.
AII	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while		
PL	22. I hereby certify that I took charge of the remains descri	Fell from roof while painting	
re PLAINI especially	find that death resulted from: Natural causes \square , Acci	dent A. Suicide A. Homicide A. Undeter	mined cause .
WRITE ge is es	SIGNATURE	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	/ DATE SIGNED
WE	from melloup,		10-10-55
	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or co	ounty) (State)
PLEASE	Eurial 16/11/55 Rose Hill	Cemetery Hagerstown Ld.	
E	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Andrew K. Coffnan Hagers	ADDRESS

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

MECENED

BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND	STATE	DEPARTMENT	\mathbf{OF}	HEALTH—BALTIMORE, 18
				Dr 58. Inn Young

10169 CERTIFICATE OF DEATH

RE, 18 Young 10176
Reg. Dist. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: Maryland Washington				
COUNTY Washington MARYLAND	STATE COUNTY				
CITY (If outside corporate limits, write RURAL of STAY and give nearest town) Hagerstown LENGTH OF STAY (in this place) 28 Days	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagers town RFD				
HOSPITAL OR	STREET (If rural give location)				
8 STREET ADDRESS Wash County Hospital	Tilghmanton				
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)				
(Type or Print) CHARLES ELLIS GRO	VE DEATH: Oct 3 195519				
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. WIDOWED, DIVORCED, WIDOWED, DIVORCED, USpecify Married July	9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.				
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even practical on Own Farm	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? Summit Point W. Va. USA				
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:				
Edward Grove	Martha J? White				
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:				
(Yes, no, or unk.) (If Yes, give war or dates of service) None	Mrs Charles E. Grove				
ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7 YES NO				
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?				
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While M. Not while at work	21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from	19, to 10, that I last saw the deceased 1, 19,				
REMOVAL (SPECIFIT)	ERY OR CREMATORY LOCATION (City, town, ok county) (State)				
DATE REC'D BY LOCAL RESISTRAR'S SIGNATURE BEGISTRAR ASS	Cemetery Charles Town W. Va 24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md.				
	TO THE MICH.				





THE PROPERTY OF THE RESIDENCE OF THE STREET

VS. A15-10-53

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—	-BALTIMORE,	18	10	177
10203		RTIFICATE					-	Bo

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED;
COUNTY Washington MARYLAND	STATE Maryland county Washington
CITY (If outside corporate limits, write RURAL, LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town
OR and give nearest town) (in this place)	OR TOWN Dia Chrina
X Hagerstown Rural 15 Months	TOWN Big Spring X STREET (If rural give location)
INSTITUTION OR	ADDRESS (IT FURSI RIVE IOCALION)
90 STREET ADDRESS Gateway Nursing Home	None
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Merritt Stanley Haines	OF DEATH: Oct. 18, 1955
5. SEX: [6. COLOR OR 7. SINGLE. MATRIED.] 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
RACE: WIDOWED, DIVORCED, (Specify):	20 1870 76 yrs. Months Days Hours Min.
Male White (Specify): Single June DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	29 1879 76 yrs.
work done during most of working life, OR INDUSTRY:	COUNTRY?
even if retired): Laborer Central Chem.	Lancaster Co. U.S.A.
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Merritt S. Haines	Lela Feidt Haines
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
Yes, no, or unk.) (If Yes, give war or dates	
100 100 145/	Mrs David Ankeney Hagerstown, Md.
18. MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH	TION INTERVAL BETWEEN ONSET AND DEATH
11991	
IMMEDIATE CAUSE (A) Hatered	school Vascular descrie ?
ANTECEDENT CAUSE (S)	
DISEASES OR CONDITIONS, IF ANY, (B)	al us wheremen X 3 5
GIVING RISE TO THE ABOVE CAUSE DUE TO	
STATING UNDERLYING CAUSE LAST.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	in maralatic buplatistel 15
TO THE DEATH BUT NOT RELATED TO THE	gu francista aggina agas
DISEASE OR CONDITION CAUSING DEATH. (1904)	your agelant 10 year
198. MAJOR FINDINGS OF OPERATIO	20. A010F317
V	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor Contributing 21B. PLACE (Home, farm, factor)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)	., etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?
OF INJURY While at work At work	
00 T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 10°K + 0 1 + 19 10°° 1 + 1 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 +
22. I hereby certify that I attended the deceased from C. W.W.	10, 1957, to Oct. 19, 1953, that I last saw the deceased
alive on . 6.5.7. 12, 1955, and that death occurred at	M, from the causes and on the date stated above.
SIGNATURE ()	
	4.0. 217W. Washington St. 10/19/51-
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	TERY OR CREMATORY LOCATION (City, town, or county) (State)
	ill Cem. Clspg. Clear Spring, Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REGISTRAR 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	- 00 · W// 00

OCT S8 1955

OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

VS.

PLEASE TYPE

RE, 18 10178 Reg. Dist. No. 3 0.3 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13	020	4	CITAI	DIII	TATO	A P	TATA	OT	TATE	CINT
1 3	A CAR	2		KIL	K. L.	A	L. I.C.	$\mathbf{O}\mathbf{F}$	DEA	CHI

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Washington MARYLAND	STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY OR and give neares town) (in this place) TOWN (Agents town) Rural, R. W. (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town OR TOWN Frederick /0-//-2
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Nursing Home	STREET (If rural give location) ADDRESS 440 West Patrick Street
DECEASED: (Type or Print) LEWIS BAXTER	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: Oct 20 19.55
MALE WHITE Single MARRIED 8. DATE WIDOWED 29 Aug	
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farm Owner	II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? Maryland USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Samuel Fenton Hargett	Emma Catherine Culler
S. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates of service) NO None	17. INFORMANT & ADDRESS: 512 Biggs Avenue, Earl F. Hargett, Frederick, Maryland
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	al Aclerosis 10 yrs.
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 11 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	cory, 21c. WHERE DID (Clty or town) (County) (State) etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?
SIGNATURE STEWER M.	5,20 P,M, from the causes and on the date stated above. DATE, SIGNED 10/2/
Burial (SPECIFY) 22 Oct 1955 Mount Olivet	Cemetery Frederick, Maryland (State)
DATE REC'D BY LOCAL JEGISTRAR'S SIGNATURE	M. R. Etchison & Son, Frederick, Maryland



BUREAU V. S.

10005	TE OF DEATH Reg. Dist. No.	7		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Washington MARYLAND	STATE Md. COUNTY Washington			
CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN Chewsville Life	CITYLI outside corporate limits write RURAL and give nearest	town)		
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location)			
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year	r)		
(Type or Print) John Henry	Hartle DEATH Oct 14 195	55		
Male White SpecifyMarried June	ATE OF BIRTH: 9. AGE last birthday FUNDER 1 YEAR IF UNDER 2. 6, 1887 68 yrs. Months Days Hours	-		
work done during most of working life, Postmasser Postmasser Postmasser	Chewsville Md.	WHAT		
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
Barry M. Hartle	Emma Harp			
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.				
(Yes, as or unk.) (If Yes, give war or dates of service)	Mrs. Fannie Hartle Chewsville Md.	Mrs. Fannie Hartle Chewsville Md.		
IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (A) DUE TO DUE TO	Serine Gen	*		
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE	A STATE OF THE STA			
DISEASE OR CONDITION CAUSING DEATH	TION 20. AUTOF	PSY2		
0	YES No	• 4		
21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bl	factory, 21c. WHERE DID (City or town) (County) (Stat ldg., etc. INJURY OCCUR?	e)		
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCUR		200		
OF INJURY While Not while at work				
OF INJURY M. While at work 22. I hereby certify that I attended the deceased from alive on 13, 1953, and that death occurred SIGNATURE A. SW LULL	at			

OCI 13 1822 DECEINED

BUREAU V. S.

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	1018
Dr	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEAS	EO:
COUNTY Washington MARYLANO	STATE Maryland COUNTY Wash	o i nerton
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL	and give nearest town)
OR and give nearest town) (in this place) 35 Year	OR TT	×
HOSPITAL OR	STREET (If rural give location	n) /
TO STREET ADDRESS 31 No. Foundry St.	31 No Foundry St	
DECEASED:	(Last) 4. DATE (Month) OF	(Day) (Year)
(Type or Print) NOAH FRANCIS HENSO 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday if under	12 19559
RACE: WIDOWED, OIVORCEO,	10 1886 68 yrs. Months	Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12	. CITIZEN OF WHAT
even Laborer	Downsville Md.	USA
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Frank Henson	Anna Fowler	
. WAA DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	
No of service 220-09-7250	Mrs Viola Scott	
IMMEDIATE CAUSE ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	me tastarmi	- 18 mar
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE		
OISEASE OR CONDITION CAUSING DEATH	N	
		20. AUTOPSY?
2		YES NO
	story, 21c. WHERE OIO (City or town) (Cou	
IF EITHER, NOTIFY MEDICAL EXAMINER)		
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) DF INJURY M. 21E INJURY OCCURRED While Not while at work at work 22. I hereby certify that I attended the deceased from	D 21f. HOW DID INJURY OCCUR?	nty) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY While Not while	21f. HOW DID INJURY OCCUR? 1, 1935, to OCT 12, 19 2 that I law 2, 9 3 M, from the causes and on the date ADDRESS	nty) (State)
22. I hereby certify that I attended the deceased from OCCURRED alive on OCCURRED (1957), and that death occurred at SIGNATURE (1957), and that death occurred at SIGNATURE (1957), and that death occurred at NAME (1957). DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY)	M, from the causes and on the date ADDRESS A.O. 2 W. W. L. L. Y. C. L. C. L	st saw the deceased e stated above.
21. I hereby certify that I attended the deceased from O.C.T. alive on O.C.T. (1955), and that death occurred at SIGNATURE 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	M, from the causes and on the date ADDRESS A.O. 2 W. W. L.	st saw the deceased e stated above. ATE SIGNED Or county) (State)

BUREAU V. S.

5951 41 100

DECENTED

10171

CERTIFICATE OF DEATH

300

The correct age MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

	FOR MEDICA	L EXAMINERS	Reg. Dist. No. 202
1. PLACE OF DEATH- COUNTYWashington	MARYLAND	2. USUAL RESIDENCE (HOME) OF DEC STATE Maryland	COUNTYWashington
CITY (If outside corporate limits, write RUR OR give nearest town). TOWN Hage IS LOWN	AL and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write FOR TOWN Hagerstown	RURAL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington C	ounty Hospital	ADDRESS 125 Winter Str	rive location)
3. NAME OF (First) DECEASED (Type or Print) SUZANNE	(Middle) LORRAINE	JACOBS 4. DATE OF DEATH	(Month) (Day) (Year) October 8 155
6. SEX Female white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 111818	Feburary 20,1941 14	hday II under 1 year II under 24 hrs Months Bays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SCHOOL Student	10b. KIND OF BUSINESS OR INDUSTRY	Hagerstown, Maryland	12. CITIZEN OF WHAT COUNTRY?
Woodrow W. Jacobs		Virginia Rand	all.
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of normal particle)	16. SOCIAL SECURITY No.	Mrs. Virginia Anderson	Hagerstown, Marylar
	IS. MEDICAL CI	ERTIFICATION	INTERVAL BUTWEEN
I. DISEASES OR CONDITIONS DIRECTLY Immediate cause (a)	LEADING TO DEATH		ONSET AND DEATH
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		skull & shock	3 krs.
II. UTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat	h.		
19a. DATE OF OPERATION 19b. MAJOR I	FINDINGS OF OPERATION		20. AUTOPSY?
21. EXTERNAL AUSE WAS PRIMARY TO CONTRIBUTING OF CAUSE OF DEATH.	CE (Home, larm, lactory, street, office bldg., etc.) URY Highway	Rural Marlowe, W. Va	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY Oct. 7 '55 // m.	INJURY OCCURRED While at Not while work at work	How DID INJURY OCCUR? Auto accident	- 25
SIGNATURE Noker & Nell	r Inquiry, find that said dec suicide , homicide , (Degree or title)	eased died on the dry stated above, and d , undetermined ADDRESS	leath in my opinion resulted DATE SIGNED Hagerstown And 55
Burial (Specify) 10/11/5	5 Rose Hill	Semetery Hagersto	wn, "aryland
REGET O PS GRAN	SIGNATURE SIGNATURE	C. M. Suter & Sons Hag	erstown, Maryland

BUREAU V. S.

961 EI 100

OBAGE AN

IXD.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CEDMINICATE ON DEATH

10172 CERTIFICAL	E OF DEATH Reg. Dist. No.	
1, PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY WASHINGTON MARYLAND	STATE MARY LAND COUNTY WASHING TO	100
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give neare	
OR and give nearest town) (in this place)	OR	
DTOWN HAGBRETOWN HDAYS	TOWN LOCUST GROVE - RURAL	X
HOSPITAL OR	STREET (If rural give location)	1
INSTITUTION OR STREET ADDRESS MACH	ADDRESS	
MADA CO : MOSPITAL	KEEDYSVILLE RIL.	
NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (You	mr)
	LINE DEATH: OCTOBER - 7- 19	63.
	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER	
RACE: WIDOWED, DIVORCED,	Months Days Hours	Min.
FEMALE WHITE (Specify) NARRIED DEC.	24-1916 38-9-16 yrs.	
OA. USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS work done during most of working life, OR INDUSTRY:	11 BIRTHPLACE (State or foreign country): 12. CITIZEN OF COUNTRY?	WHA
even if retired): WIFE OWN HOME	RAWLING N.V. U.S.A	
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	-
DR. CECIL L. CORBIN	MARGARET ELIZABETH MCCLLELL	ANI
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service) W. W. 11	FRED ITLINE KERDYSYILLE A	ADP
18. MEDICAL CERTIFICA		NP.K
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL E	DEAT
61183		
IMMEDIATE CAUSE (A)	Recursion	
DUE TO	lampsia. Ide	
ANTECEDENT CAUSE (8)	Ma are	
GIVING RISE TO THE ABOVE CAUSE DUE TO	lassiferia.	Lup
STATING UNDERLYING CAUSE LAST.		/
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE Still	birth delivered 10/6/55	
DISEASE OR CONDITION CAUSING DEATH. 19A, DATE OF OPERATION: 19B, MAJOR FINDINGS OF OPERATIO		
194. DATE OF OPERATION: 198. MAJOR PHODINGS OF OPERATIO	20. A010	
	YES	NO 🗌
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac	etory, 21c. WHERE DID (City or town) (County) (Si	tate)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.	, etc. INJURY OCCUR?	
IF EITHER, NOTIFY MEDICAL EXAMINER)		
DE INJURY OCCURRE While Not while	D 21F. HOW DID INJURY OCCUR?	
M. at work at work		
22 Thomby and for that I attended the deceased from Ch.	3, 1911, to Oct, 1915, that I last saw the de	
22. I hereby certify that I attended the deceased from Geo	, 1994, to over , 1995, that I last saw the de	
alive on, 19, and that death occurred at	12.15 AM, from the causes and on the date stated above	e.
SIGNATURE (1)	DATE SIGNED	_
MUTWAN	1.0. 000 10/8/5J	
23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City, town, or county)	(State
REMOVAL (SPECIFY)		
		50- W
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS	

MARGIN RESERVED FOR BINDING

A15. VS.



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DECENAED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

			2020
Dr. Weeks	10173	CERTIFICATE OF DEATH	Reg. Dist. No. 302

7 7 8 7	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Washington Maryland	STATE Maryland county Washington
	CITY(If outside corporate limits, write RURAL and give nearest town)
CITY (If outside corporate limits, write RURAL CITY (In this place) OR and give nearest town) OR Hagerstown OR WKS.	OR
OJTOWN Hagerstown · 6 wks.	TICE ETS COWII
INSTITUTION OF	STREET (If rural give location) ADDRESS
% STREET ADDRESS Washington Co. Hospital	125 McGomas St.
	Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Katherine Sara Lane	OF
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White (Specify): Widow August	3,1873 82 yrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
10A. USUAL OCCUPATION (Give kind of work done during most of working life, oR INDUSTRY:	COUNTRY?
even if retired):Cook Restraunt	Hagerstown, Md. USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
No Record	No Record
18. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service)	Mrs. Frank Angelo
18. MEDICAL CERTIFICATI I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ON INTERVAL BETWEEN ONSET AND DEATH
420.0	
IMMEDIATE CAUSE (A)	un o accelore 2. days
DUE TO	
ANTECEDENT CAUSE (S)	vay activisher year
GIVING RISE TO THE ABOVE CAUSE DUE TO	Tour and Jean
STATING UNDERLYING CAUSE LAST.	1 -0 1.
(c) are an	Muselin.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	Secont deser-
DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES X NO
ACCIDENT WAS INDEDIVING TO 218 BLACE (Home for	
21A. ACCIDENT WAS UNDERLYING \(\begin{array}{ll} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY While While at work at work	
22. I hereby certify that I attended the deceased from Left.	
alive on O.d. 7 19.55, and that death occurred at	5 P. M. from the causes and on the date stated above.
SIGNATURE	ADDRESS DATE SIGNED
of a weeking	D. 136 M. Potemac St. Blaggetown Ma 10/28/55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	D. 136 M. Paternac M. Glaguetter Ma. 10/28/55 RY OR CREMATORY LOCATION/(City, town, or county) (State)
REMOVAL (SPECIFY)	
	Cemetery Hagerstown Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS

EUREAU V. S. DE CEIN FO

ERTIFICATE OF DEATH

(Year)

NTERVAL BETWEEN

AUTOPSY

(State)

19 53

(Day)

gerstown

(County)

LOCATION (City, town, or county

Williamsport Md.

12. CITIZEN OF

COUNTRY?

Months

2. USUAL RESIDENCE (HOME) OF DECEASED:

24. FUNERAL DIRECTOR

NAME OF CEMETERY OR CREMATORY

Miverview Cemetery

DATE SIGNED

Edith V. Leaf Williamsport No

PLEASE

REGISTRAR

1. PLACE OF DEATH:

OCI 18 1822 DECENAED

S.V UABRU

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

cion carefully. The	Dr. Keadle 17 1. PLACE OF DEATH: COUNTY Washingt CITY (If outside corporate limit OR and give nearest town) 23 TOWN Hagerstow
of informat	HOSPITAL OR INSTITUTION OR STREET ADDRESS GAT1 3. NAME OF DECEASED: (Type or Print) CATHE
1 12 8	5. SEX: 6. COLOR OR 7. RACE: White
Supply every	10A. USUAL OCCUPATION (Give ki work done during most of workin even if retired): Housew
BINDING Supply ev	Henry A. Wahl
E 10 B	

CERTIFICATE OF DEATH

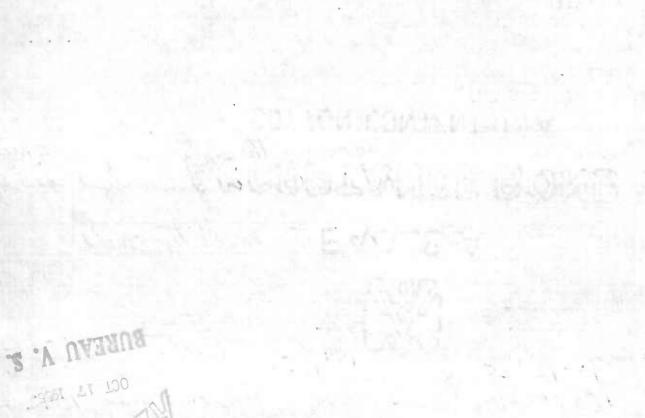
1. PLACE OF DEATH:	La USUAL PECIPENCE (HOME) OF PERIODS
	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Washington MARYLAND	STATE Maryland county Washington
CITY (If outside corporate limits, write RURAL LENGTH OF STA	CITY(If outside corporate limits, write RURAL and give nearest town) OR
A3TOWN Hagerstown 20 min.	TOWN Hagerstown 03
HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS
90 STREET ADDRESS Garlock Nursing Home	26 High Street
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year)
	IDER DEATH: Oct. 11, 19 55
Fenale 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed Oct.	E OF BIRTH: 9. AGE last birthday Funder 1 YEAR Hours Min. 1884 71 yrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
even if retired): Housewife Own Home	Brooklyn, New York U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Henry A. Wahlen	Elizabeth Haas
15. WAR DECEASED EVER IN U.S. ARMED FORCES: 16. SOCIAL SECURITY No. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:
of service) 219-34-5014	George H. Linder
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	leter melliter mill
DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATI	The state of the s
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATI	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, f OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bld (IF EITHER, NOTIFY MEDICAL EXAMINER)	
OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURR While Not while at work	1 1 11
22. I hereby certify that I attended the deceased from 19 alive on 10 1/2, 1955, and that death occurred a SIGNATURE	at 420 PM, from the causes and on the date stated above. ADDRESS M.D. DATE SIGNED 10.12 33
REMOVAL (SPECIEV)	TERY OR CREMATOR (City, town, or county) (State)
Burial 10-14-55 Rose Hill	1 Cenetery Hagerstown, Md.
DATE REC'D BY LOCAL BEGISTRAR'S SIGNATURE	Andrew K. Coffman-Hagerstown, Md.
	THOLOW R. OULLINGE HOE CIBLOWE, MO.

VS.

PLEASE TYPE

MARGIN RESERVED FOR BINDING

OR WRITE PLAINLY, WITH UNFADING INK.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

eg.	Dist.	No.	305

	Ē	10175 CERTIFICATI	E OF DEATH Reg. Dist	. No. 30 2
1	ully.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
M	nation carefully.	COUNTY WASHINGTON MARYLAND CITY (If outside corporate limits, write RURAL CITY (in this place) FOWN HAGERSTOWN 3DAYS HOSPITAL OR INSTITUTION OR	CITY(If outside corporate limits, write RURAL OR TOWN ANTIETAM - RURAL STREET (If rural give location	and give nearest town)
	nforma	X / STREET ADDRESS		D. R.1
	m of i	DECEASED: (Type or Print) DAISV - WAR CARET- 5. SEX: 6. COLOR OR 7 SINGLE, MARRIED. 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1	2 -5- 1955 YEAR IF UNDER 24 HRS.
	> m	FEMALE WHITE Specify MARRIED ARRI	L-7-1911 44-5-28 yrs.	
DING	ever	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE 13. FATHER'S NAME:		COUNTRY?
FOR BINDING	Su	IS. WAS DECEASED EVER IN U.S. ARMED FORCEST IS. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	
	NG INK.	No		
MARGIN RESERVED		I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 241 X IMMEDIATE CAUSE (A)		magnile
GIN RES	ITH Phys	ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	thma	rdays
MAR	MINLY, Wimportant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
(7.31	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	ATH: SHINGTON MARYLAND STATE MARYLAND COUNTY WASHINGTON	
	RITE PI	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	nty) (State)
	R.I.	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	

S

age

correct

OR

TYPE

PLEASE

OF INJURY 1911, to oct 5, 1917, that I last saw the deceased 22. I hereby certify that I attended the deceased from

195, and that death occurred at 8 M, from the causes and on the date stated above. alive on SIGNATURE

LOCATION (City, town, or county) DATE THEREOF NAME OF CEMETERY OR CREMATORY 23. BURIAL, CREMATION.

WASH. CO. MID. 24. FUNERAL DIRECTOR ADDRESS LOCAL WM. F. BAST AND SONS

A15 - 10 - 53 VS.

BECEIVED

BUREAU V. &

(M)	carefully legibly.
	of information th clearly and
BINDING	Supply every item of information carefully rite the causes of death clearly and legibly.

1. PLACE OF DEATH:		2. USUAL RESID	nd Washingt	ED:
COUNTY Washington	MARYLAND	STATE	COUNTY	034
CITY (If outside corporate limits, write RURAL OR and give nearest town) Hagerstown	(in this place)	OR	corporate limits, write RURAL	and give nearest town)
HOSPITAL OR		STREET	(If rural give location	1)
90 STREET ADDRESS LEWAY CONVALES	ent Home	ADDRESS 609 S	alem Ave	
3. NAME OF (First) (Midd		(Last)		(Day) (Year)
(Type or Print) SUSIE MAY	LUTH	ER	DEATH: Oct 9	,1955 19
5. SEX: 6. COLOR OR 7. SINGLE, MARRI WIDOWED, DIV	ORCED.	OF BIRTH:	9. AGE last birthday IF UNDER 1 Months Months	Days Hours Min.
	OF BUSINESS		(State or foreign country): 12	COUNTRY?
13. FATHER'S NAME:		14. MOTHER'S M	AIDEN NAME:	
Lafayette Eichelberge	٠, ٧٥	Teahe	lla Lewis	
	HAL SECURITY NO.	17. INFORMANT		
(Yes, no, or unk.) (If Yes, give war or dates of service)	one	Miss Do	rothy Eichelber	ger
18. MEI	DICAL CERTIFICAT	ION		INTERVAL BETWEEN
ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	cerebrul	arteno	schure clière	5.3
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBL	JTING /			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Ferna	ul mer	underecci	4 days
19a. DATE OF OPERATION: 19B. MAJOR FINDIN	IGS OF OPERATION			20. AUTOPSY1
21A. ACCIDENT WAS UNDERLYING 21B. PLAC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CE (Home, farm, fact Y street, office bldg.,		DID (City or town) (Cou	nty) (State)
OF INJURY (Day) (Year) (Hour) 21E While at wor	NJURY OCCURRED Not while at work	21F. HOW DID	INJURY OCCUR?	
22. I hereby certify that I attended the decea				
alive on . O. c. t. (, 1957, and that d	1// M	. D. 217 W. G	s co histon St.	TE SIGNED
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY) 10/12/55	Rose Hill	Cemetery	Hagerstown N	
DATE REC'D BY LOCAL REGISTRAR'S SIGNAR COLLEGE TRANSPORT	ATURE O A	24. FUNERAL		ADDRESS

Leroy m. Fockler,

VS. A15-10-53

S ON DYBUIL

SEL 7.1 TOO

DECENAED

The

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland county Washington (in this place) OR TOWN Days RURAL-Williamsport (If rural give location) STREET ADDRESS Falling Waters Road Washington County Hospital (First) (Middle) (Last) DATE (Month) (Year) Allyson DEATH: October 1955 Harry Maisack 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR | IF UNDER 24 HRS. WIDOWED, DIVORCED Months Hours (Specify) June 10,1878 Married yrs.

Albert

Leaf

Williamsport, Md

carefully. legibly. 1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) and give nearest town) and of information 2TOWN Hagerstown HOSPITAL OR clearly INSTITUTION OR STREET ADDRESS 3. NAME OF death DECEASED (Type or Print) item 6. COLOR OR 7. SINGLE, MARRIED. RACE: Jo Whi te every Male 10B. KIND OF BUSINESS OA. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country): 112. CITIZEN OF WHAT work done during most of working life. OR INDUSTRY: COUNTRY? even if retired): USA Brick yard Hagerstown Supply 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: the Lvdia Swinger write Jacob Maisack 17. INFORMANT & ADDRESS: IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY ND. Williamsport (Yes, no, or unk.) (If Yes, give war or dates Z 216-07-1221 of service) Mrs. Daisy M. Maisack RFD eas 18. MEDICAL CERTIFICATION INTERVAL BETWEEN ADING I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Physicians IMMEDIATE CAUSE UNF DUE TO ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B) WITH GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. important. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING PLAINLY, TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: | 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? NO 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. 21B. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State) WRITE INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21p. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? While Not while OF INJURY at work L at work 2 25/19...., that I last saw the deceased 22. I hereby certify that I attended the deceased from ODY 19....., to 0 TYPE and that death occurred at 9:25PM, from the causes and on the date stated above alive on ADDRESS DATE SIGNED SIGNATURE SE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 23. BURIAL CREMATION. DATE THEREOF REMOVAL (SPECITY) K October 28 St. Pauls Cemetery Clearspring Near REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS DATE REC'D BY LOCAL

A15



Dr E. W. Ditto

	The
(W	carefully.
-	rmation

MARGIN RESERVED FOR BINDING

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of inform VS. A15-10-53

CERTIFICATI	E OF DEATH Reg. Dist.	No. 302.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED LATYIAND	ton
COUNTY Washington MARYLAND	STATE COUNTY	0026
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL as	nd give nearest tow
OR and give nearest town) (in this place) OBTOWN Hagerstown 8 Mos	Town Browntown	Х
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1635 Shernan Ave	STREET (If rural give location) Rural	/
DECEASED	OF OF	ay) (Year)
(Type or Print) HILLERY MANUEL		955 19
RACE: WIDOWED, DIVORCED.	9. AGE last birthday IF UNDER 1 YI 25 1877 78 77 yrs. Months Da	Lys Hours Min
IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHA
work done during most of working life. even if retired) Farmer Owner	Browntown Virginia	USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
George Washington Manuel	Nancy Brown	
18. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Mrs H. Manuel	
	rion 1635 Shermwn Ave	INTERVAL BETWEE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEAT
422 IMMEDIATE CAUSE (A)	is Varuler Krim	6 yes
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO		
STATING UNDERLYING CAUSE LAST.		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
U		YES NO
21A. ACCIDENT WAS UNDERLYING \(\) 21B. PLACE (Home, farm, fact OR CONTRIBUTING \(\) CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	(State)
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While at work at work	2 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	- , 1955, to /0-3 , 1955 that I last	saw the decease
SIGNATURE , 19, and that death occurred at	M, from the causes and on the date s	E SIGNED
1. 811 1. 15	VI	6/00
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ERY OF CREMATORY LOCATION (City, town, or	county) (Stat
Burial Oct 8 1955 Prospect	Hill Cemetery Front Royal	Tro
I DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE /	24. FUNERAL DIRECTOR	ADDRESS
Betie 1955 Chast Bowers	Andrew K. Coffman Hagerst	

BUREAU V. S.

A service of the serv

carefully

information

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every causes

Supply the

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WRITE

OR age

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death clearly and legibly,

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please

Physicians

important.

especially

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VS.

			10191
MARYLAND STATE DEPARTMEN'			70101
10179 CERTIFICATE	OF DEATH	Reg. Dis	l. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE	(HOME) OF DECEASE	D:
COUNTY Washington MARYLAND	STATE Md.	COUNTY Wash	ington
CITY (If outside corporate limits, write RURAL on and give nearest town) ARTOWN Hagerstown LENGTH OF STAY (in this place) 26 days	CITY(If outside corporate or CITY) Hagerst	rate limits, write RURAL	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jackson Conv. Home	STREET ADDRESS 38 Cha	orles St.,	
DECEMOSE	rkell	OF	Day) (Year) 5 19 55
		E last birthday IF UNDER 1	
10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): retired 10B. KIND OF BUSINESS OR INDUSTRY: OWNER WHO IS A COMMENT OF THE COM	11. BIRTHPLACE (State	or foreign country): 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN	N NAME:	
William Henry Markell	Hannah Smith	1	
15. WAS DECRASED EVER IN U.S. ARMED FORCEST (S. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & AD	DRESS:	
no of service) none	Mrs. Myrtle Frod	k Hagerstown	Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 450.0 IMMEDIATE CAUSE (A) DUE TO	gio racular	College	ONSET AND DEATH
ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	rissleris	-gen	Mr.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	atter let	t hip	241,
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	O		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, facts OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	(City or town) (Coun	ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJUR	RY OCCUR?	
22. I hereby certify that I attended the deceased from	, 1957, to Oct	, 19.5 \$ that I last	t saw the deceased
alive on . C	M, from the ca		stated above. TE SIGNED
Jours State M.		116 LOX 10	13/23,
REMOVAL (SPECIFY)		OCATION (City, town, o	
burial Oct. 8, 1955 Rose Hill	24. FUNERAL DIREC	lagerstown	Md.
RECTEDIARY 1955 Mask Bowers	Fred W. Kraiss	Hagerstown,	

DEVELOTED AND SEED IN SEED IN

g (I of a faithful of hall and the

	192
E OF DEATH Reg. Dist. 1	
2. USUAL RESIDENCE (HOME) OF DECEASED SHI	
STREET (If rural give location) ADDRESS 346 WEST SIDE AVE.	1
ARTIN 4. DATE (Month) (Day)	(Year) 19 55
19/1870 84 yrs. Months Days	Hours Min.
MARYLAND CO	TIZEN OF WHAT UNTRY? J.S.A.
14. MOTHER'S MAIDEN NAME: ANNA MARTIN	
. INFORMANT & ADDRESS: HAGERSTO	WN
Heart Discare with myoundist	Interval Betwee Onset And Dea 10 yrs
	20. AUTOPSY
(CITY OR TOWN) (COUNTY) (STA	TE)
HOW DID INJURY OCCUR?	
1946, to 30 Oct., 1957, that I last sa	w the decease
	COUNTY CITY (If outside corporate limits, write RURAL and OR HAGERSTOWN STREET (If rural give location) ADDRESS 346 WEST SIDE AVE. ACTION JOSEPH COLL. AC

2 .V UABRUR

40N 5 1825

DECENTED

10207

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

10193

Reg. Dist. No 304

1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED
Washington MARYLAND	STATE Maryland Washington COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)	CITY (If outside corporate limits, write RURAL and give nearest town)
OR TOWN Rural Hancock Life Life	TOWN Rural Mancock Md
HOSPITAL OR	STREET (If rural, give location)
STREET ADDRESS Highway Route 40	ADDRESS
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) William Arnold	McCusker DEATH 10 1 19 5
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hrs
Maile William (Specify) Married	May 23 1890 65 yrs. Months Days Hours Min.
done during most of working life, even if retired INDUSTRY OF	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) ANDUSTRY ATT	Washington County Md Country?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Abner McCusker	Sarrah Bridges
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, glass war or dates of	17. INFORMANT AND ADDRESS
Yes service) War 1 220-09-7419	Mrs Hazel McCusher R.F.D.1 Hancock Md.
18. MEDICAL CE	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATHER TO	within toin away Interval Between ONSET AND DEATH
6134	
Immediale cause (a) Fracture of it	les drawn of it sented
Antecedent cause(s) Diseases or conditions, if any, (b)	in check inshed
giving rise to the above cause	to t
stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not	
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Leo AVITO DOVS
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. EXTERNAL CAUSE WAS PLACE (Home, form, factory, street,	Yen No
PRIMARY FOR CONTRIBUTING OF office bldg. (c.)	(CITY OR TOWN) (COUNTY) (STATE)
CAUSE OF DEATH. INJURY 7/40 W	11 m West Stonever Wishington My
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while	HOW DID INJURY OCCUR?
INJURY / J J J m. work at work	Thuch while nothing in roof y possing
22 I certify that I took charge of the remains described above, held an e	utopsy I, Inspection er Inquiry I thereon and from the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said dece	used died on the dry stated above, and death in my opinion resulted
from: patural causes [], accident , suicide [], homicide [],	
SIGNATURE (Pegree or title)	ADDRESS DATE SIGNED
he would go med isem	Hogerston Mg 19/1/35-
LEMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or county) (State)
Burial 10.5.55 Int Vivet Ce	
DATE RECT BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
1 / / / / I I / vaces	Howard & Glerie Homerole med

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RUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10181 CERTIFICATE OF DEATH Reg. Dist. No. 302

correct	10181 CERTIFICATE OF DEATH Reg. Dist. 1	No. 302
	1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND 2. USUAL RESIDENCE (HOME) OF DECEASEWASH STATE MARYLAND COUNTY	Y
hally. The	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR TOWN HAGERSTOWN	give nearest town)
Supply every item of information carefully. The write the causes of death clearly and legibly.	8/ INSTITUTION OR WASHINGTON COUNTY HOSPITAL ADDRESS 25 MEALEY PARKWAY	/
mation	3. NAME OF DECEASED: CLEMENTINE CORNELIA MCPHAIL 4. DATE OF DEATH:	7 (Year) 55
inford	5. SEX: SCOLOR OR RACE: WHITE SINGLE, MARRIED, WIDOWED, DIVORCED, 11/21/1873	
tem of	TOME TOME	UNTRY?
very iten	WALTER MERRITT 14. MOTHER'S MAIDEN NAME: JOSEPHINE CONSTANTINE HAGERSTON	VN
ply eve te the	15 WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: ADDRESS: MR. WALTER MCPHAIL MI	
INK.	Is. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Arteriosclerotic cardiovascular dis. Antecedent causes (s) Diseases or conditions, if any, (b)	Interval Between Onset And Death Years
UNFADING Physicians:	giving rise to the above cause stating the underlying cause last. DUE TO (c)	
- 2	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION: 1 19b. MAJOR FINDINGS OF OPERATION	8 years 20. AUTOPSY?
LY, WITH important.	None. 2I. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE (INJURY) (STA	Yes No
E PLAINLY, especially imp	TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY M. Work At Work	
PLEASE WRITE P	23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or count REMOVAL (Specify) 10/19/55 Trust Lucy Cemetery Peffequille	ated above. E SIGNED .17,1955 (State)
PLE	CLUTTER 1955 CLISTIFICON 124 FUNERAL DIRECTOR HELLS	ADDRESS

VS. A15

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BUREAU V. S.

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BINDIN	Supply
FOR	INK
MARGIN RESERVED FOR BINDING	UNFADING
MARGIN	DIEASE TYPE OR WRITE PLAINLY. WITH UNFADING INK. Supply ev
•	WRITE
	OR
VS. A15 — 10 - 53	F TVPF
A15-	T A C
VS.	DI

MARYLAND STATE DEPARTMENT	T OF HEALTH—BALTIMORE, 18	10196
10208 CERTIFICATE	E OF DEATH Reg. Dist.	No. 3 D 6
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	D:
COUNTY Washington MARYLAND	STATE Md . COUNTY V	Vash.
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	nd give nearest town
OR and give nearest town) Town rural Smithsburg life	TOWN rural Smithsbur	g X
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD #2	STREET (If rural give location) ADDRESS RFD #2	/
	05	Duy) (Year)
(Type or Print) Samuel Jacob Mill	Ler DEATH: UCT	12 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED. Oct.	26, 1871 9. AGE last birthday Fronces (Nonths D	Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): minister church	11. BIRTHPLACE (State or foreign country): 12. Fd gemont	CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Levi Miller	Sarah Reynolds	
S. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Paul F. Seibert, Smithsbu	irg, Md.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	af Hemorrhage - Sclerosis	1040
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY7
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor Contributing CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	, etc. INJURY OCCUR?	ty) (State)
M. at work at work		
	5,30 M, from the causes and on the date ADDRESS DA	
REMOVAL (SPECIFY) 10-14-55 Weltyle	TRY OR CREMATORY LOCATION (City, town, or	r county) (State
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR, 3 55 FLOW Finanson	Scott F. Minnich & Son,	ADDRESS

BUREAU V. S.

9901 41 1:10

DECENED

OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

PLEASE TYPE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

or.	Hochlander	U	1	02	CERTIFICATE	OF	DEATH
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Reg. Dist. No. 10197

1. PLACE OF DEATH:		
	2. USUAL RESIDENCE (HOME) OF DECEASED):
county Washington MARYLAND	state Maryland county Washi	merton
CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL ar	nd give nearest town)
OJTOWN Hagerstown 21 yrs.	Town Hagerstown	03
HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS	1
STREET ADDRESS 425 W. Wilson Blvd.	425 W. Wilson BLv	d.
DECEASED:	OF	Pay) (Year)
	OF BIRTH: 9. AGE last birthday IF UNDER 1 YE	8. 1955
RACE: WIDOWED, DIVORCED,	Months Da	IVS Hours Min
Work done during most of working life. OR INDUSTRY		COUNTRY?
even If retired): Housewife Own Home	ST. James, Md. U	SA
TO TAINE TO HAME.	14. MOTHER S MAIDEN NAME:	
Harry Jordon	Lydia Renner	
15. WAR DECEASED EVER IN U.S. ARMED FORCES: 18. SOCIAL SECURITY NO. (Yes, po, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	
of service) - None	Mr. William A. Mills	
ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	a g 2 e dum.	
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
		20 AUTOPSV2
DISEASE OR CONDITION CAUSING DEATH.	1	20. AUTOPSY? YES NO
DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	Ory. 21c WHERE DID (City or town) (County	YES NO NO
DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION C6 2 CM	cory, etc. INJURY OCCUR? (County or town) (County of the county of the county occur)	YES NO (State)
DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., (IF EITHER, NOTIFY MEDICAL EXAMINER) OF INJURY OF INJURY Viie Not while Not while	cory, etc. INJURY OCCUR? (County or town) (County of the county of the county occur)	YES NO (State)
DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) While of INJURY M. 21E INJURY OCCURRED While Not while of the work of the w	cory, etc. INJURY OCCUR? 21c. WHERE DID (City or town) (County of the county occur) 21f. HOW DID INJURY OCCUR? 4: 3-AM, from the causes and on the date s	(State)
DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF OPERATION 21B. PLACE (Home, farm, fact OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) While Not while at work at work at work of a w	21c. WHERE DID (City or town) (County etc. INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 1971, to 1975, that I last 4. 3/M, from the causes and on the date s ADDRESS DATI ERY OR CREMATOR LOCATION (City, town, or	saw the deceased tated above. E SIGNED County) (State)
DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 21A. ACCIDENT WAS UNDERLYING OF 10 PERATION 21B. PLACE (Home, farm, fact OF 1NJURY street, office bidg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF 1NJURY OCCURRED While at work at work of 10 PERATION. 22. I hereby certify that I attended the deceased from 12 PERATION. 23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETE	21c. WHERE DID (City or town) (County etc. INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 1971, to 1975, that I last 4. 3/M, from the causes and on the date s ADDRESS DATI ERY OR CREMATOR LOCATION (City, town, or	saw the deceased tated above. E SIGNED County) (State)

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

10198

10183 FOR MEDICAL EXAMINERS Reg. Dist. No ... 2. USUAL RESIDENCE (HOME) OF DECEASED. 1. PLACE OF DEATH. WASSIFIERGTON COUNTY STATE MARYLAND WASHINGTON MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town)
OR HAGERSTOWN CITY (If outside corporate limits, write RURAL and LENGTH OF STAY give HAGERSTOWN (POTR Bace) TOWN 305B MEMORIAL BLVD. STREET HOSPITAL OR ADDRESS INSTITUTION OR STREET ADDRESS (Year) 555 4. DATE 3. NAME OF WILLIS MORGAN OF DECEASED DEATH (Type or Print) If under I year | If under 24 hrs. 7. SINGLE MARRIED WIDOWED, DIVORCED, 8. DATE OF BIRTH 9. AGE last birtbday 5. SEX 6. COLOR OR RACE 11/28/1911 43 Months [Days | Hours | Min. WHITE (Specify) 102 USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT MOTOR TRUKKCO. 11. BIRTHPLACE (State or foreign country) done during most of working tite, even if retired)
AUTO MECHANIC

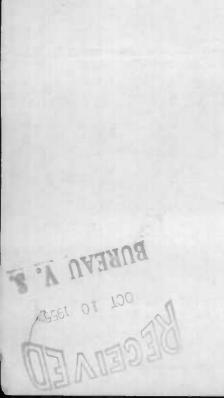
13. FATHER'S NAME
CHARLES WESLEY MORGAN COUNTRY? A. MARYLAND EMMA JANE ROBINSON HAGERSTOWN 17. INFORMANT AND ADDRESS 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yearh of unknown) (If yes, give warror dayen of MRS. B. MILDRED MORGAN 214-05-7796 18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 42010 acute coronary thrombosis Immediate cause Antecedent cause(s) 8 mos. arterio-sclerotic heart disease Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 20. AUTOPSY? 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION none No 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. (CITY OR TOWN) (COUNTY) (STATE) PLACE (Home, farm, factory, street, office hidg., etc.) INJURY HOW DID INJURY OCCUR? INJURY OCCURRED TIME (Month) (Day) (Year) (Hour) While at Not while INJURY work at work 22. I certify that I took charge of the remains described above, held an Autopracy, Inspection w, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased fied on the dry stated above, and death in my opinion resulted from: natural causes occident, suicide , homicidally undetermined .

SIGNATURE

(Degree of stiell CO.)

DATE SIGNED

WASHITS No Potential St.- Have retown Md. 10-6-55 WASH'115 N. Potomac St- Hagerstown, Md. 23. BURIAL CREMATION REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) DATE THEREOF cueles, ADDRESS REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL



OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully

PLEASE TYPE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10199

10209 CERTIFICATE OF DEATH

		LUJ	Lig	3/
Reg.	Dist.	No.	2	66

I. PLACE OF DEATH:		2. USUAL RESID	ENCE (HOME) OF DECEAS	ED:	
COUNTY Washington	MARYLAND	STATE Mary	yland county Was	hington	
CITY (If outside corporate limits, write RURAL on and give nearest town) Town Sharpsburg CITY (If outside corporate limits, write RURAL (in this place) Ten yrs.		CITY(If outside corporate limits, write RURAL and give nearest town on Town Sharpsburg			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main Stree		STREET	(If rural give location	n)	
3. NAME OF (First) DECEASED: (Type or Print) Robert	(Middle)	(Last) Neel JR	4. DATE (Month) OF DEATH:October	(Day) (Year) 14 1955	
5. SEX: 6. COLOR OR 7. SINGLE.	MARRIED. 8. DAT ED, DIVORCED. Aug.	E OF BIRTH:	9. AGE iast birthday IF UNDER Months 40 yrs.		
10A. USUAL OCCUPATION (Give kind of 10)	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman Rusco Windows		Barnard, N. C. 12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME:		14. MOTHER'S M	AIDEN NAME:		
Robert Y. Neel Sr.		Nancy Ro	obinson		
15. WAS DECEASED EVER IN U.S. ARMED FORCEST	16. SOCIAL SECURITY NO.	17. INFORMANT	17. INFORMANT & ADDRESS: Sharpsburg, Md.		
(Yes, no or unk.) (If Yes, give war or dates of service)	412-10-9894	Mrs. Rober		0)	
ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY,	OUE TO (C) NTRIBUTING THE EATH.	Arterio Scle		6 weeks 2 years	
21a. ACCIDENT WAS UNDERLYING 21	B. PLACE (Home, farm, fa	ctory, 21c. WHERE	DID (City or town) (Cou	(State)	
OR CONTRIBUTING CAUSE OF DEATH OF	INJURY street, office bldg	., etc. INJURY OCCU	IR?	(4,5,5,6,6,6,6,6,6,6,6,6,6,6,6,6,6,6,6,6,	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	While Not while at work	D 21F. HOW DID	INJURY OCCUR?		
22. I hereby certify that I attended the alive on Oct. 13, 1955, and SIGNATURE # 1000 DATE THERES.	that death occurred a	t 5:00A M, from t	he causes and on the date	e stated above. ATE SIGNED	
Burial Oct.16,1	955 Mt. View	Cemetery	Sharpsburg , M	aryland.	
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL D		ADDRESS	
REGISTRAR - 191-1- 8 & B	ACOA)	Edith V.	Leaf Williams	port. Ma	

BUREAU V. S.

OC1 18 1822

DECENTED

carefully. The

Supply every item of information

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10200

10210 CERTIFICATE OF DEATH

		NCE (HOME) OF DECEASE	1D:
COUNTY WASHINGTON MARYLAND	STATE NIA CO	LAND COUNTY WAS	HINGTAN
CITY (If outside corporate limits, write RURAL OR and give nearest town) (in this place)	CITY(If outside (orporate limits, write RURAL	
X TOWN SAN IMAR 3 YR. 10 MO.	TOWN R	NG-BARD	×
HOSPITAL OR INSTITUTION OR STREET ADDRESS FAHRNEY-KEEDY MEMORIAL HON	STREET ADDRESS	(If rural give location	
3. NAME OF (First) (Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED:		OF _	
RACE: WIDOWED, DIVORCED, (Specify);	OF BIRTH:	DEATH: OCTOBE O. AGE last birthday If under the months Months	YEAR IF UNDER 24 HRS.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE	State or foreign country): 12.	COUNTRY?
even if retired): RETIKEO FARMER OWN FARM	RINGGOLD	MASH. C. MO.	W.S.A.
13. FATHER'S NAME:	14. MOTHER'S MA	IDEN NAME:	
dOHN S. NEWCOMER.	SARAH	ANN STONER	
S. WAR DECEASED EVER IN U.S. ARMED FORCES? 16. SECURITY NO.	17. INFORMANT 8	ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	MRS. C.L. B	AYER WAYNESE	BORO PA. R. S
IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	in of pri	mace ·	- rggs.
DISEASE OR CONDITION CAUSING DEATH.	N		20. AUTOPSY?
DISEASE OR CONDITION CAUSING DEATH. 198. MAJOR FINDINGS OF OPERATION: 198. MAJOR FINDINGS OF OPERATION:		ID (City or town) (Cou	YES NO
DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO 21A ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac	etory, 21c. WHERE D	Could (City or town) (Could (Could (City or town))	YES NO
DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of the contributing Cause of Death OF INJURY street, office bldg.	etory. 21c. WHERE D , etc. INJURY OCCUI	NJURY OCCUR?	nty) (State)



OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully

PLEASE TYPE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10184 CERTIFICATE OF DEATH

RE, 18 10201 Reg. Dist. No. 302

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED);
COUNTY Washington	MARYLAND	STATE Maryland COUNTY Was	hington
CITY (If outside corporate limits, write R	URAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	
OR and give nearest town) Town Hagerstown	(in this place) 8 days	or Town Hagerstown	12
HOSPITAL OR	1 0 days	9	00
8 INSTITUTION OR STREET ADDRESS Washington	County Hospital	STREET (If rurai give location) ADDRESS 635 Oak Hill Ave.	
(Type or Print)	NGSLEY NO	EL SR. Of October	Oay) (Year) 10 19 55
Nale 6. COLOR OR 7. SINGLE, WIDOWE (Specify)		5, 1885 9. AGE last birthday IF UNDER 1 Y Months D	
to a. USUAL OCCUPATION (Give kind of work done during most of working life, Reunified resident	or industry: ctor Products Cor		CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
William Noel		Mary E. Potts	
18. WAS DECEASED EVER IN U.S. ARMED FORCES?	IS. SOCIAL SECURITY NO.	17, INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	224-10-8469	Dr. William Noel Hagerstown,	Maryland
	8. MEDICAL CERTIFICAT	TION ,	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH		ONSET AND DEATH
332 ×	Penelinel	arterios clesovis E Encephalomoleci	5 days
(MMEDIATE CAUSE	(A) UNIVAL	Colored Colore	Sago
ANTECEDENT CAUSE (S)	.0		U
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	(B)		
STATING UNDERLYING CAUSE LAST.	DUE TO		1.00000
	(C)		
II OTHER SIGNIFICANT CONDITIONS CO			hm 11
DISEASE OR CONDITION CAUSING DI	ATH. Cholele	theasis	1 7 months
19A. DATE OF OPERATION: 19B. MAJOR	FINDINGS OF OPERATIO	N	20. AUTOPSY?
Oct. 3, 1955 Chole	letteres		YES NO
21A. ACCIDENT WAS UNDERLYING 21 OR CONTRIBUTING CAUSE OF DEATH OF	B. PLACE (Home, farm, fac INJURY street, office bldg.,	tory, 21c. WHERE DID (City or town) (Count NJURY OCCUR?	y) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	While Not while at work at work	2 21F. HOW DID INJURY OCCUR?	
22 I hereby certify that I attended th	e deceased from 12/2	19.50 to OCL / 1 , 19.55, that I last	saw the deceased
		3126 P.M. from the causes and on the date :	
Dalin M atl	T. M	I.D. Havestown 10	112/50
23. BURIAL, CREMATION, DATE THERECORE REMOVAL (SPECIFY) 10/13/55		ERY OR CREMATORY LOCATION (City, town, or	
	9IGNATURE	24. FUNERAL DIRECTOR	ADDRESS



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carefull	and le
mation	clearly
infor	death
Jo 1	Jo
ery iten	causes
eve	che
Supply	write 1
INK.	please
WITH UNFADING INK. Supply every item of information carefully. The corre-	age is especially important. Physicians: please write the causes of death clearly and legibly.
WITH ,	portant.
INLY	ly im
PLA	ecial
E	esp
CASE WRITE PLAINLY, WI	ge is
EASE	Q

1. PLACE OF	1018	OERII	FICATE	OF DEA		-	Dist. No.
COUNTY	WASHINGTON		RYLAND	2. USUAL RESID	YLAND		SHINGTON OUNTY
03 TOWN and	fac erstown	its, write RURAL LENG	TH OF STAY	UB	de corporate limits GERSTOWN	, write RURA	L and give nearest town
HOSPITAL INSTITUT STREET A	or ion or ddress 655	S. POTOMAC ST	·	STREET ADDRESS 65	5 S. POTO	ural give loca MAC ST	tion) /
3. NAME OF DECEASED (Type or Pr		Y PERCY	Z PRO	(Last)	4. DATE OF DEATH:	(Month) CTOBER	(Day) (Year) 1 19 55
5. SEX:	S. COLOR OR RACE:	7. SINGLE, MARRIED WIDOWED, DIVORCE (Specify):	8. DATE 6 6/1	of Birth: 4/1873		day: IF UNDER	Days Hours Min.
work done	CCUPATION Give I during most of work tired) TOOL MAI	ing life INDUSTR	Y:	PENNSYL		country):	12. CITIZEN OF WHAT
JOHN	A. PROUD	,		14. MOTHER'S MAI CATHERINE			
15 WAS DECEA (Yes, NOr unl	SED EVER IN U.S.ARME (.) (If Yes, give war of service)	or dates of 159-01-	OCEA	INFORMANT & AL		HA E	GERSTOWN MD.
I. DISEASES		18. MEDICAL DIRECTLY LEADING TO	CERTIFICATION DEATH	N			Interval Between
Immedia		(a) Urenia					
Immedia Antecede Diseases of		DUE TO Benigr	3	tic hypert	roohy and	chroni	Onset And Deat 3 Weeks
Antecede Diseases of glving ris stating the LONG TOTHER SI	te cause ent causes (s) r conditions, if any to the above cause underlying cause in	DUE TO Benigr (b) Benigr DUE TO UTINE	n prostatery reter	ll1tus		chroni	3 weeks
Antecede Diseases of glving ris- stating the Antecede Diseases of glving ris- stating the Antecede The stating the Antecede The stating the Antecede of the stating the stating the Antecede of the stating the st	te cause ent causes(s) r conditions, if any to the above cause underlying cause is GNIFICANT CONDIT contributing to the d he disease or condition OPERATION: 19b	to be to be	n prostatery retered	lltus rosis,gene	relized		3 weeks c 6 weeks 6 yrs. 2 yrs 20. AUTOPSY? Yes□ No□
Antecede Diseases of glving ris stating the 11. OTHER SI Conditions related to the state of the	te cause ent causes (s) r conditions, if any to the above cause underlying cause la GNIFICANT CONDIT contributing to the d he disease or conditio OPERATION: (Specify)	(c) TIONS eath but not on causing death. Arte	n prostatery retered	lltus rosis,gene	relized	chroni	c 6 weeks
Antecede Diseases of giving ris stating the Conditions related to 19a. DATE OF 21. ACCIDENT SUICIDE HOMICIDE	te cause ent causes(s) r conditions, if any to the above cause underlying cause la GNIFICANT CONDITIONATION TO THE CONTRIBUTION: 19b (Specify)	(c) FIONS eath but not on causing death. Arte MAJOR FINDINGS OF PLACE (Home, farm office bldg., INJURY OCC	n prostatery retered peter Melerioscleroperation, factory, street, etc.)	lltus rosis,gene	relized		3 weeks c 6 weeks 6 yrs. 2 yrs 20. AUTOPSY 1

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MARYLAND STATE DEPARTMENT OF HEALTH

10211

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

leg. Dist. No. 3.55

~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	reg. Dist. 140	700
I. PLACE OF DEATII-	2. USUAL RESIDENCE (HOME) OF DECEASED	
WASHINGTON MARYLAND	STATE	C. T. 2. 4.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
(in this place)	OR	
HOSPITAL OR TILENA - RURAL 7 YEARS	STREET (If rural, give location)	AL X
INSTITUTION OR	STREET (If rural, give location)	/
STREET ADDRESS SOONSBORO MD. R.2	BOONSBORO MD. R	12
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) EMMA MARIE	REESE DEATH DETOBER	·H - 1955
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED	8. DATE OF BIRTH 9. AGE last hirthday If under	year III under 24 hr
FEMALE WHITE WIDOWED, DIVORCED, (Specify) (MARRIED	(10LX-13-1901 54-2-21 ym. Months)	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR		CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY		COUNTRY?
13. FATHER'S NAME TERMINAL PASTRY SHOP.	CONNECTS AITTE DENNA	U.S.A.
	14. MOTHER'S MAIDEN NAME	
CACOB C, FOREMAN	SARAH B. YOUNKINS	
15. WAS DECRASED EVEN IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes. no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	
- No service) 219-20-0631	JAMES R. REESE BOONSBORD	MD RIZ.
18. MEDICAL CE		1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
A A		ONBET AND DEATE
1 39 Immediate cause (a) acute corons	ry occlusion	5 min
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS		Art del del de communication (p. 100 methodological account de par la communication (p. 100 methodological account de par
Conditions contributing in the death bul not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSYT
none -		V (7) No. 85
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
PRIMARY OR CONTRIBUTING OF office bldg., etc.)	(00011)	(SINIU)
CAUSE OF DEATH. INJURY NONE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DVD DVVDV COCKED	
OF While at Not while	HOW DID INJURY OCCUR?	
INJURY NONE m. work at work		
22. I certify that I took charge of the remains described abave, held an A obtained by said Autopsy, Inspectian ar Inquiry, find that said dece from: natural causes accident , suicide , hamicide , hamicide , signature vector well wash, co., MD, 215	used died on the day stated above and death in my	DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or count	0-)-))
REMOVAL (Succifu)		
BURIAL DET- 6-1955 MTILENA	CEMPTERY MTLENA WASH. C	0. MP.
Det 16:1951 - July N. Had.	IWM. F. BAST AND SONS BOONS	30120 MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age



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MARYLAND STATE DEPARTMI	ENT OF HEALTH—BALTIMORE, 18 1 0 2 0 4
10186 CERTIFICAT	TE OF DEATH Reg. Dist. No.
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county washing ten MARYLAND	STATE PENNA, COUNTY & translin
CITY (If outside corporate limits, write RURAL LENGTH OF STA	Y
OR and give nearest town) (in this place)	ORY (If outside corporate limits, write RURAL and give nearest or Town Ruyal - Cear Loss 15X-
8 STREET ADDRESS WAShington Co. Hospital	STREET (If rural, give location) ADDRESS RD 2 - Greenaste, Penna
3. NAME OF (First) (Middle) DECEASED: (Type or Print) ALTA	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: OCT T 19-5-
5. SEX: 6. COLOR OR 7. SINGLE MARRIED 8. DAT	TE OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR IF UNDER
RACE: WIDOWED, DIVORCED, SEP	17, 1901 54 yrs. Months Days Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, every freetred) every freetred.	OR II. BIRTHPLACE (State or foreign country): 12. CITIZEN O COUNTRY (15 A
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
2 anith	? Sige
15. WAS DECEASED EVER IN U.S. ARMED FORCES ? 16. SOCIAL SECURITY No.: 1 (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:
212-24-3161	Floyd Resley Route 2- Greencastle, Pa
18. MEDICAL	CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL B ONSET AND
157X (12.0 insure	1/ paravage of 34
Immediate cause (a)	
Antecedent cause(s)	molestatio Caramometris
Diseases or conditions, if any, (b)	
glving rise to the above cause DUE TO stating underlying cause last	
(e)	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not	
related to the disease or condition causing death.	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOP
1752 CHOPONETTE CAPOL	y proper of language. Yes
21. ACCIDENT (Specify) PLACE (Home, farm, factory, streed OF office bldg., etc.) INJURY	et, (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not while INJURY M. Work at work	and it has already occur.
and I would be worked	954 10/2000
22. I hereby certify that I attended the deceased from	
SIGNATURE (DECREE OF TIT	8130. A.m., from the causes and on the date stated abo
SIGNATURE (DEGREE OR TIT	LE ADDRESS DATE
23. BURIAL, CKENATION DATE THEREOF NAME OF CEMET	Juneary 18, 10/7
REMOVAL (Specify):	MY OR CREMATORY LOCATION (City, town, or county)
KUMAL, 10-10-00 CEAUN N	ill Clin. areencastle, Pr.
DATE RIC'D BY LOCAL REGISTBAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRE
aco. 11 100 le may 1. Violette	at. Minnich - Treencaste

to the second stable of the 2 . V UABRUB SEL OI TO 1955

WRITE PLAINLY, WITH UNFADING INK.

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PLEASE TYPE

Supply every item of information carefully. The

VS.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10187 CERTIFICATE OF DEATH Dr Ditto Jr Reg. Dist. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE Maryland Washing	D:
county Washington MARYLAND	STATE COUNTY	0011
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL	and give nearest town
OSTOWN Hagersyown 15 Yrs	TOWN Hararatawn	03
HOSPITAL OR	STREET (If rural give location)	00
INSTITUTION OR	ADDRESS (II rural give location	1
DUSTREET ADDRESS 228 So Mulberry St.	228 So Mulberry St	
	(Last) 4. DATE (Month)	Day) (Year)
DECEASED: (Type or Print) CHARLES EDWARD SH	HOWE DEATH: Oct 8	1955 10
	OF BIRTH: 9. AGE last birthday IF UNDER 1	
RACE: WIDOWED, DIVORCED,	Months 1	Days Hours Min.
Male White Speciffarried May	7 23 1883 72 yrs.	
OA. USUAL OCCUPATION (Give kind of tops work done during most of working life, or INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
ever House Builder	Tilghmanton Md.	USA
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	0.011
III de la Chama	Amanda Wilkinson	
HITAM Showe	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates		
No of service) 214-09-8611	Mrs Bertha S. Showe	
18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
4421	. 11. 11.	
IMMEDIATE CAUSE (A)	in Renof Sien	2 fly
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY. (B)		
GIVING RISE TO THE ABOVE CAUSE DIE TO		
STATING UNDERLYING CAUSE LAST.		
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	
		20. AUTOPSY?
		20. AUTOPSY?
214 ACCIDENT WAS INDEDIVING 1 218 PLACE (Home form for	tory 210 MUEDE DID (City on town) (Cour	YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	tory. 21c. WHERE DID (City or town) (Coun., etc. INJURY OCCUR?	YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., (IF EITHER. NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY While Not while	etc. INJURY OCCUR?	YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	etc. INJURY OCCUR?	YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	etc. INJURY OCCUR?	YES NO (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work 22. I hereby certify that I attended the deceased from	etc. INJURY OCCUR? 21F. HOW DID INJURY OCCUR? , 1951., to / 0, 1951., that I las	YES NO (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) While Not while at work at work at work at work alive on on the control of th	, 1955, to / 0, 1955, that I las	YES NO (State) t saw the deceased stated above.
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work 22. I hereby certify that I attended the deceased from	, 1955, to / 0, 1955, that I las	YES NO (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER. NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) While Not while at work at work at work at work at work at work signature of the signatu	M, from the causes and on the date ADDRESS Details of the causes and the date of the causes are dated as th	t saw the deceased stated above.
OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER. NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While at work at work at work alive on alive on signature at SIGNATURE MM., and that death occurred at SIGNATURE MM.	M, from the causes and on the date	t saw the deceased stated above.
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work at work at work at work at work alive on 1 miles of	M, from the causes and on the date ADDRESS DA LOCATION (City, town.)	t saw the deceased stated above.
CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER. NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While at work at work at work at work alive on alive on signature 3. Burial. Cremation, Date thereof Name of Cemetics and Securial 10-11-55 Rose Hill	M, from the causes and on the date ADDRESS I.D. HOWERY OCCUR? MERY OR OREMATORY LOCATION (City, town, and the causes are considered by the cause are caused by the c	t saw the deceased stated above. TE SIGNED (State
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER. NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	M, from the causes and on the date ADDRESS DA LOCATION (City, town.)	t saw the deceased stated above. TE SIGNED Tropinty) (State

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DECENTED

EWELL V.

CERTIFICATE OF DEATH

302 Reg. Dist. No.

COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE (I	HOME) OF DEC	COUNTY	PANKLIN
CITY (If outside corporate limits, write RUR OR give nearest to the TOWN	AL and LENGTH OF STAY (in this place)		CERSBUI	RG, 1	re nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARLOCK CO	NV. Home	STREET ADDRESS /2/	41NDE	give location)	1
3. NAME OF DECEASED (Type or Print) 3. NAME OF AFIRST)' 4.10 C	(Middle)	5MITH	4. DATE OF DEATH	Och. 3	(Day) (Year) 1955 19
5. SEX 6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH Nov. 23, 1877	77	yra. Months.	1 year II under 24 hr Days Hours Min.
10n. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY HOME	MERCERS	BURG, VA	. R. / 12	COUNTRY SA
13. FATHER'S NAME. N. RICHE.	ssorl	FLORENCE	. 0	SPECK	۲
15. Was Duckasho Ever In U.S. Armed Force (Yes, no, or inknown) (If year, give war or dates service)	of None	17: INFORMANT AND	ADDRESS SEARCH	branch	urg Te
I. DISEASES OR CONDITIONS DIRECTLY	18. MEDICAL CE	ERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Cufur /	Vander Le			6 5-
Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause	fund a	to release	******************************		11/2
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing dea	th.		***************************************	- Colored Colored Col	6 PR STATE OF VALUE OF COST OF CHARLES AND
19a. DATE OF OPERATION 19b. MAJOR	FINDINGS OF OPERATION				20. AUTOPSY?
21. ACCIDENT (Specify) PLA SUICIDE OF HOMICIDE INJ	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	rown)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?		
22. I hereby certify that I attended the alive on, and, and, and, and, and, and, and		ADDRESS			
23. BURIAL, CREMATION DATE BLEMOVAL (Specify) ON TO STREET OF THE STRE		BW GEM Y	OCATION (City	-	KLIN Co., PA.
DATE REC'D BY LOCAL RECISTRAR'S	SIGNATURE	24 FONDRAL DERECTO	R.	Yours	ADDRESS

The correct age M PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

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OR WRITE PLAINLY, WITH UNFADING INK.

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PLEASE TYPE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1 10212 CERTIFICATE OF DEATH Reg.

E,	18	10207
eg.	Dist.	19207

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Washington MARYLAND	STATE Md. COUNTY Wash.
CITY (if outside corporate limits, write RURAL OR and give nearest town) LENGTH OF STAY (in this place)	
HOSPITAL OR	STREET (If rural give location)
STREET ADDRESS RFD #1	RFD #1
	(Last) 4. DATE (Month) (Day) (Year) of Oct. 24 19 55
female white WIDOWED, DIVORCED, (Specify): single Feb.	12, 1908 46 yrs. 1908 17 46/ yrs. 1908 1908 Hours Mi
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house work own home	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WH COUNTRY? Frederick County
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Amos M. Smith	Clara I. Lewis
IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service)	Mrs. Bertha Warner, Smithsburg, Md
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH HIS MEDICAL CERTIFICAL I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH (A) DUE TO DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE OUT TO T	nan Emboli
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH HIS X IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH HIS IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH HIS X IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	nan Empoli 10 M
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH HIMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF 10 INJURY Street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONSET AND DESCRIPTION OF THE PROPERTY OF THE P
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH HIMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF 1NJURY Street, office bldg OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE	ONSET AND DESCRIPTION OF THE PROPERTY OF THE P
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E INJURY OCCURRE While Not while at work alive on SIGNATURE	ONSET AND DECOMPY 20. AUTOPSY YES NO Cotory. 21c. WHERE DID (City or town) (County) (State) NO 21f. How DID INJURY OCCUR? 1933 to 2 1 1933 that I last saw the decease M. from the causes and on the date stated above. DATE/SIGNED 1934 1935 1935 1935 1935 1935 1935 1935 1935
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION CONTRIBUTING CAUSE OF DEATH OF INJURY Street, office bldg OF INJURY 21B. PLACE (Home, farm, fa OF INJURY street, office bldg While Not while at work at work 21D. TIME (Month) (Day) (Year) (Hour) M. 21E INJURY OCCURRE While Not while at work at work at work 22. I hereby certify that I attended the deceased from SIGNATURE	COUNTY, 21C. WHERE DID (City or town) (County) (State) NO 21F. HOW DID INJURY OCCUR? D 21F. HOW DID INJURY OCCUR? M from the causes and on the date stated above. DATE/SIGNED ADDRESS DATE/SIGNED ADDRESS A CREMATORY LOCATION (City, town, or county) (State)

feelmoney Embet 1 10 MITE Plumate Head ofwing firms BUREAU V. E. Select hungapund 1952 The correct age

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

I. PLACE OF DEAT			2. USUAL RESIDENCE (I	COL	UNTY Washington
Wa	shington	MARYLAND	Maryla	ina	Mazurugen
OR give nearest	corporate limits, write RUR	AL and LENGTH OF STAY (in this place)	OR (If outside corpora	ite fimits, write RURAL as	nd give nearest town)
TOWN Hag	erstown	D. O. A.	TOWN Hagers	stown	03
HOSPITAL OR	R TT1-2	Tourist Hospital	STREET ADDRESS 727 Ge	(If rural, give location	on)
STREET ADDRE	ss wasnington	County Hospital	I TO THE	eorge Street	
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month	(Day) (Year)
(Type or Print)	EUGENE	VICTOR SO	DERCREN JR.	OF OCTOBER	7 1955
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday If t	ander I year If under 24 hrs.
Male	White	WIDOWED, DIVORCED, (Specify) Single	June 5, 1938	- yrs. /	onths Days Hours Min.
done during most of	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT
High School	Student even if retired)	Industry	Hagerstown, 1	laryland	COUNTRY? A.
13. FATHER'S NAM	IE		14. MOTHER'S MAIDEN	_	
	gene Victor Soc		Shirley	L. Morgan	
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND A		
no no, or unknown)	(If yes, give war or dates enervice)	none	Mrs. Shirley We	est Hagerstown	, Maryland
		18. MEDICAL CE	RTIFICATION		
L DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATE
825	Y STREET	CEADING TO DEATH			ONSEI AND DEATH
Immediat	e cause (a)	**		TOTAL MARKET AND	- 2/
	- 11-3-1				about
Anteceder	ni cause(s) conditions, if any, (b)	acute traum	atic collapse of	lungs	15 Min.
giving rise t	o the above cause		rhage & shock	***************************************	an explain annound amoramolation and
stating the u	inderlying cause last	11CMQ1	Inage & shock		
II. OTHER SIGNIFI	ICANT CONDITIONS				
Conditiona contribu	uting to the death but not see or condition causing deat	h			
		FINDINGS OF OPERATION			1 20. AUTOPSY?
					1/
21. EXTERNAL CA	USE WAS PLA	CE (Home, farm, factory, street,	(CITY OR 7	rown) (cou	Yes No41
PRIMARY FOR CO CAUSE OF DEATH	ONTRIBUTING OF	office bldg., etc. Highway	Rural -Marlo		R # 11
TIME (Month)		INJURY OCCURRED	HOW DID INJURY OC		
OF	- 11/ 0	While at Not while	Auto Accide		
INJURY Octi	/ 33 // m.	work at work	Auto Accide	3116	
22. 'I certify that I	took charge af the rema	ins described above, held an A	utansy [] Inspection [Inquiry Thereon	and from the evidence
obtained by sai	d Autopsy, Inspection a	r Unquiry, find that said dece	ased died on the day state	d above, and death in	my opinion resulted
	causes [] accident	, suicide , hamicide ,			B
SIGNATURE	-1 00	CEFTY WEDICAL	EXAM.		DATE SIGNED
1 Kite	Thello.	MD WASH OD WO	115 N. Potomac	St - Hegerstow	MOCT. 8'SS
23. BURIAL, CREM	ATION DATE THERE	OF INAME OF CEMETE	RY OR CREMATORY LI	OCATION (City, town, or	county) (State)
REMOYAL (Spre	10/11/55	Boonsboro Cen			yland
DATE REC'D BY		SIGNATURE	24. FUNERAL DIRECTO		ADDRESS
13501-10,14	755 10 HAN	Hogaword	C. M. Suter &		

BUREAU V. S.

9961 81 100

BECEINED

10213

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS Reg. Dist. No. 302 1. PLACE OF DEATH 2. JISUAL, RESIDENCE (HOME) OF DECEASED. Netherlands COUNTY Washington MARYLAND of information carefully death clearly and legibly. CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest tewn)
TOWN Rural Hagerstown (in this place) The Hague TOWN HOSPITAL OR NEAR Rt. 11 Hage stown North STREET (If rural, give location) ADDRESS 23 Plein STREET ADDRESS 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED GERBEN SONDERMAN 20 1955 (Type or Print) DEATH October 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday | If under | year | If under 24 hre | Months | Days | Hours | Min. Dec. 29, 1908 Male White 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, even if retired)
Test Pilot Country Supply every item write the causes of Aircraft. Smallingerland, Holland
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME unknown unknown 17. INFORMANT AND ADDRESS Fairchild Aircraft, Hagerstown, Maryland 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH INK. please Avulsion of face and portion of skull; crushed Immediate cause chest: multiple open fractures of extremities INFADING I Antecedent cause(s) Diseases or conditions, If any, (b) .. giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not arterio sclerotic coronary heart disease related to the disease or condition causing death. important. 19a. DATE OF OPERATION | 19h. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? None PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY Jet Plane 21. EXTERNAL CAUSE WAS (CITY OR TOWN) (COUNTY) (STATE) PRIMARY FOR CONTRIBUTING CAUSE OF DEATH, Rural -R#11-Hagerstown, Washington, Md. PLAINLY, especially i HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at INJURY 10-20-55 3:40RM Jet Plane crashed while demonstrating work at work 22. I certify that I took charge of the remains described above, held an Autopsy . Inspection 2 Inquiry 7 thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes], accident &, suicide], homicide], undetermined]. SIGNATURE (Degree or title) DATE SIGNED 115 N. Potomac St- Hagerstown, Maryland ours! NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) 23. BURIAL, CREMATION REMOVAL (Specify) 10/27/1055 Westerveld. Holland DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

Sovera

C. M. Suter & Sons Hagerstown, Maryland

BINDING RESERVED FOR

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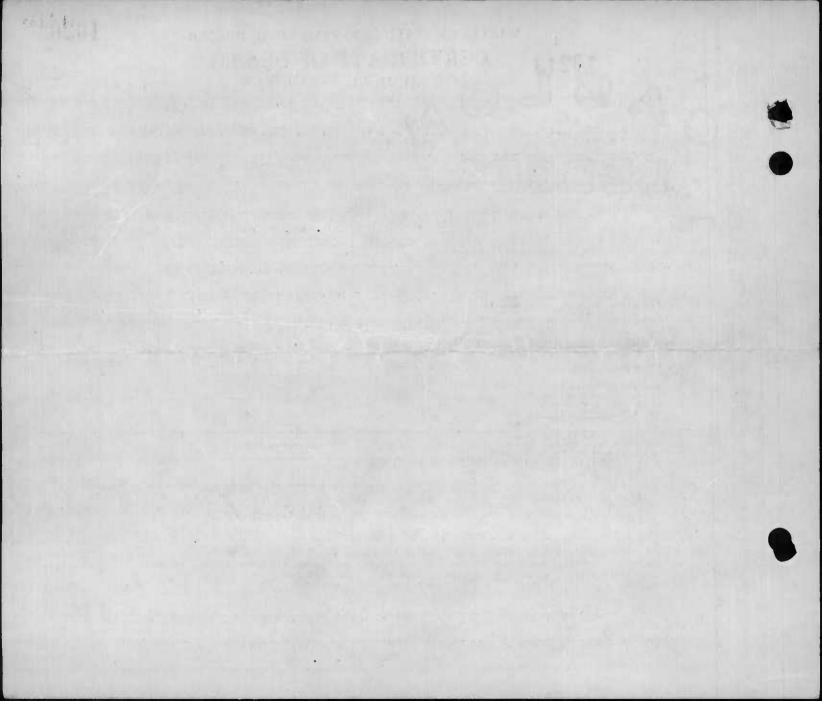
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10214

CERTIFICATE OF DEATH

2577	5			
141	carefully legibly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
1	ref gib	COUNTY WASHINGTON MARYLAND	STATE MARYLAND, COUNTY WAS	HIAIC TAN
1		CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	
	tion	*/ TOWN	TOWN	X
	ati V a	HOSPITAL OR SMINUTES	STREET (If rural give location)	URALA
Henry	E T	INSTITUTION OR	ADDRESS	
	m of information death clearly and	OD STREET ADDRESS PUBLIC SQUARE		D. R.1
	h	3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (1	Day) (Year)
	of		RECHER DEATH: OLTOBER	. 25-1955
			OF BIRTH: 9. AGE last birthday IF UNDER 1	FEAR IF UNDER 24 HRS.
		MALE WHITE Specify MARRIED MARCH		Days Hours Min.
-	causes	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	
9	au	oven if wetiwed):	TILCHMANTON WASH. Co. MD.	COUNTRY7
BINDING	P	FOREMAN - LINE DEPT. POTOMAC EDISON CO.	14, MOTHER'S MAIDEN NAME:	U.S.A.
Z		WILLIAM SPRECHER	MARY ANN SMITH.	
200	K. Su write	16. WAR DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	MARY ANN SMITH.	
K	XX	(Yes, no, or unk.) (If Yes, give war or dates		
FOR	INK Se w	NO - of service) - 1214-10-5351	MRS. LULA A SPIRECHER HAGE	RSTOWN MP.K.I
	C 8	18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
區	ADING IS: plo	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
2	A	420.1	ary Occlusion	10 7
田	FA		ary occumento	3 mile
RESERVED	UNFA1	ANTECEDENT CAUSE (S)		
	Dec.	DISEASES OR CONDITIONS, IF ANY, (B)		
Z	TH	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	- 0 .	
5	\vdash	(c) Certerio	& clerosis	5 mg
MARGIN	AINLY, Wimportant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		1
M	K, K	TO THE DEATH BUT NOT RELATED TO THE		
	Tr.	DISEASE OR CONDITION CAUSING DEATH.		
	HE	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
	4			YES NO
	72	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	tory, etc. 21c. WHERE DID (City or town) (Count injury OCCUR?	ty) (State)
4	WRITE	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY While Not while	21F. HOW DID INJURY OCCUR?	
	200	M. at work at work		
	-	22. I hereby certify that I attended the deceased from	25, 1953 6/6/20, 1950, that I last	saw the deceased
	80		115-4-1	
20	0	alive on 2.2., 190.7, and that death occurred at	7 from the causes and on the date	
10 -	SE TYPE	SIGNATURE	ADDRESS	SIGNED I
-	-	7.4. Nohler M	- Smithing	125/05
1	PLEASE	23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETI	FRY OR CREMATORY LOCATION (City, town, of	county) (State)
A15	EA	0	CEMETERY NEAR VILGHMANTON	WASH . Ca . MD
₹	3	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
တိ	H	REGISTRAR C 20 101 HO IN THE	WM FROM S	N4 c
		Oct. 25-1933 Jan. 1 / Myuson	NOON SHOO DAST FRACT -1 - TY	SBORD IYU.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

			30	2
g.	Dist.	No.		-

. The	10190	CERTIFICATI	E OF DEATH	Reg. Dist. No. 307	2
carefully.	1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME	OF DECEASED:	
carefull legibly.	COUNTY Washington	MARYLAND	STATE Maryland co	UNTY Washington	
	CITY (If outside corporate limits, write R	(in this piace)	CITY(If outside corporate iimits	, write RURAL and give nearest to	wn)
tion	O3 TOWN Hagers town	Two days	TOWN Williamspor		
of information ath clearly and	HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash.Co. H	lospital	ADDRESS	Conococheague St.	
inf 1 cl	3. NAME OF (First)	(Middle)	(Last) 4. DATE	(Month) (Day) (Year)	
m of death	DECEASED: (Type or Print) Doris	Irene	Staley DEATH	1.0ct. 29 1955	5
ite	5. SEX: 6. COLOR OR 7. SINGLE, WIDOWE (Specify):	D, DIVORCED,	of BIRTH: 9. AGE last bird	hday IF UNDER 1 YEAR IF UNDER 24 HOURS M	ins.
y every causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baby		Hagerstown, Md.	country): 112. CITIZEN OF WHUSA	TAP
e E	13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:		
K. Supply write the c	Joseph Lee Staley		Lolita Rei	il	
-1-1	15. WAR DECEASED EVER IN U.S. ARMED FORCES? (Yes, Tho, or unk.) (If Yes, give war or dates	16. SDCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	Address	
Se E	of service)	None	J. LeeStaley San	ne as 2 Above	
WITH UNFADING INK.	I DISEASES OR CONDITIONS DIRECTLY IN 154. 4 IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY,	(A) (B) (CC)	Want Disc	INTERVAL BETWONSET AND DE	
_ ল	II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO 1 DISEASE OR CONDITION CAUSING DE	NTRIBUTING THE			
-		FINDINGS OF OPERATION		20. AUTOPSY YES NO	
ent	21a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER)	B. PLACE (Home, farm, fac INJURY street, office bldg.,	tory. 21c. WHERE DID (City or to etc. INJURY OCCUR?	own) (County) (State)	
m	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	While Not while at work at work	21F. HOW DID INJURY OCCU	R?	
PLEASE TYPE OR correct age is	23. BURNAL, CREMATION, DATE THEREOREMOVAL (SPICIFY) Oct 30, 1	that death occurred at MANUFOR CEMET 1955 Riverview	D. W. C. LOCATION	on the date stated above. DATE SIGNED 10/29/S	ised
PL	DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	

MARGIN RESERVED FOR BINDING

39839

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DECENTED !

100 S 1955

BUREAU V. S.

1. PLACE OF DEATH:)-10-55 et		H Reg. Di	st. No. 302
I. PEACE OF DEATH:		2. USUAL RESIDEN	CE (HOME) OF DECEAS	ED:
COUNTY Washington	MARYLAND	STATE Maryl	and county	8
CITY (If outside corporate limits, writ	e RURAL LENGTH OF STAY	CITY(If outside cor	porate limits, write RURAL	and give nearest town
Jrown Hagerstown	3 weeks		imore	3401.4
HOSPITAL OR		STREET ADDRESS	(If rural give locatio	n)
	on Co. Hospital	330	03 Hillsdale	Road V
3. NAME OF (First)		(Last)	4. DATE (Month)	(Day) (Year)
OECEASED: (Type or Print) WAL TER	BYRON STE		DEATH: Oct.	10, 19 55
Male 6. COLOR OR 7. SING RACE: Wido (Speci	LE. MARRIED. 8. DATE DWED, DIVORCED, Sept.		AGE last birthday IF UNOER Months	Days Hours Min.
	108 KIND OF BUSINESS OR INDUSTRY:		ate or foreign country): 12	2. CITIZEN OF WHAT
even if retired): Clergyman	,	Baltimore,	Maryland	U.S.A.
13. FATHER'S NAME:		14. MOTHER'S MAIL	DEN NAME:	
Justus Vict			eth Ann Wilson	
(Yes no, or unk.) (If Yes, give war or date of service)	18. SOCIAL SECURITY NO.	Mr. Walter	B. Stehl, Jr	
IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Bleede	ing, gestere	ie ulcer	18day
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING	O THE DEATH.			=
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING	TO THE	N I I I I		20. AUTOPSY?
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING 199. MAJOR 199.	DEATHOR FINDINGS OF OPERATION	ulear		YES NO D
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION: 19B MAJOR 1	OTHE DEATH. OR FINDINGS OF OPERATION 21B. PLACE (Home, farm, fact OF INJURY afret, office bldg.,	tory. 21c. WHERE DIE etc. INJURY OCCUR?		
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING ISA. DATE OF OPERATION: 199 MAJOR CONTRIBUTING CAUSE OF DEATH ITE EITHER, NOTIFY MEDICAL EXAMINER) 1D. TIME (Month) (Day) (Year) (Hour)	OTHE DEATH. OR FINDINGS OF OPERATION 21B. PLACE (Home, farm, fact OF INJURY street, office bldg	tory. 21c. WHERE DIE etc. INJURY OCCUR?		YES NO Z
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION: 19B MAJOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. TIME (Month) (Day) (Year) (Hour OF INJURY M.	TO THE DEATH. OR FINDINGS OF OPERATION 21B. PLACE (Hume, farm, factor of INJURY street, office bldg) 21E INJURY OCCURRED While at work at work the deceased from the dec	tory. 21c. WHERE DID INJURY OCCUR? 21F. HOW DID INJ	JURY OCCUR?	YES NO LA
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION: 199 MAJOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour OF INJURY M.	OTHE DEATH. OR FINDINGS OF OPERATION 21B. PLACE (Home, farm, factor of Injury afret, office bldg 21E INJURY OCCURRED While Not while at work at work	21c. WHERE DID etc. INJURY OCCUR? 21f. HOW DID INJ 27, 19, to f.	that I la	YES NO LINE (State) ast saw the decease
DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION: 19B MAJO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour OF INJURY M. 22. I hereby certify that I attended alive on SIGNATURE	TO THE DEATH. OR FINDINGS OF OPERATION 21B. PLACE (Home, farm, fact of INJURY street, office bldg) 21E INJURY OCCURRED While at work at work at work at work and that death occurred at	tory. 21c. WHERE DID etc. INJURY OCCUR? 21f. HOW DID INJ 27, 19 3, to 6.	causes and on the dat	YES NO Danty) (State) ast saw the deceased stated above. OATE SIGNED
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING 199. MAJOR 199.	TO THE DEATH. OR FINDINGS OF OPERATION 21B. PLACE (Home, farm, factor of Injury afret, office bldg) 21E INJURY OCCURRED While at work at work at work at work and that death occurred at MREOF NAME OF CEMETICS.	21c. WHERE DID etc. INJURY OCCUR? 21f. HOW DID INJ 27, 19, to f.	that I la	YES NO Danty) (State) ast saw the deceased stated above. OATE SIGNED



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10192 CERTIFICATE OF DEATH

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY WAShing to MARYLAND	STATE Marry and COUNTY	TV Was his oten
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL an	d give nearest town)
TOWN (in this place)	TOWN HAGERSTOWN	0.3
HOSPITAL OR	STREET (If rural give location)	7
8 STREET ADDRESS WAShington County Hospital	ADDRESS	4
WAShington County Hospital	202 M. Potemme JY	
3. NAME OF DECEASED: (First) (Middle) (Type or Print) Wilh Elm 5/E	(Last) 4. DATE (Month) (Day) OF DEATH: 10 27	7 LV 61
S. SEX: S. COLOR OR RACE: Mole Widowed, Divorced, (Specify): Widowed Mry	OF BIRTH: 9. AGE iast birthday: IF UNDER 1 YE Months Day	
10a. USUAL OCCUPATION Give kind of work done during most of working life, INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. C	ITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	0, 5.
Wilhelm Steigmann	CAROLINE HimmElman	~~
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17.	INFORMANT & ADDRESS: Robins	
(Yes, no, or unk.) (if Yes, give war or dates of	RS. Contherent Dinkel Hing	-1
Immediate cause Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (a) DUE TO (b) DUE TO	timen	Onset And Death
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (ST	TATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY m.	HOW DID INJURY OCCUR?	
alive on /0/14, 19.5, and that death occurred at signature	135 4. Potome St. 10	tated above.
REMOVAL (Specify 10/49/55 REST HAN	RY OR CREMATORY LOCATION (City, town, or often Country I fragers formy 24. FUNERAL DIRECTOR	ADDRESS
UET, 29, 1955 SPILLYHITOEVEND	Rest HAVEN FUNGUAL Ch	opel Inc.
	Maria and and and and and and and and and an	7

Diller food Various for Employed Conty High I Jan H. Pathing Sto. The the same of the same of the 10 5 les wante wateres may 1 1882 73 Kammas S FOR STEEL STREET FOR Wilhelm Steigmonn Careline Himmelman R. birdstand the Mas Conthonist Dinkel Hargenstown Z .V UABEUR SESSI I NON DECEMBER PROPERTY OF THE PROPE Transmit wought train were the

all hand of the said to the said

OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

PLEASE TYPE

VS. A15-10-53

The

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 H

10	215	CERTIFICATE	OF	DEAT
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10010	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY WASHINGTON MARYLAND	STATE MARULAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL LENGTH OF STA' OR and give nearest town) (in this place)	Y CITY(If outside corporate limits, write RURAL and give nearest town
X TOWN SAN IMAR 348. 6MO.	TOWN SAN MAR X
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED:	STEM DEATH: OCTOBER - 30 · 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DAT RACE: WIDOWED, DIVORCED,	E OF BIRTH: 9. AGE last birthday If UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min
FEMALE WHITE (Specify): OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	-25-1871 84-3-5 yrs.
work done during most of working life, OR INDUSTRY:	COUNTRY
NONE - C-UEST AT HOME FOR A	14. MOTHER'S MAIDEN NAME:
SAMUEL L. DUTROW.	MARY J. CRONE
15. WAR DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service)	HOWARD F. SIGLER CAMPHILL PENN
18. MEDICAL CERTIFICA	ATION INTERVAL BETWEE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEAT
450.0	ezidanterisselenosis 10 yes
IMMEDIATE CAUSE (A)	week and were to have
ANTECEDENT CAUSE (S)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO	1 1 2
(6)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	ON 20. AUTOPSY?
0	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, for CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg (if Either, NOTIFY MEDICAL EXAMINER)	actory, 21c. WHERE DID (City or town) (County) (State) R., etc. INJURY OCCUR?
OF INJURY ODAY) (Year) (Hour) 21E INJURY OCCURRI While Not while at work at work	
	192, to 30, 1955, that I last saw the decease at // K, M, from the causes and on the date stated above.
alive on 19 , and that death occurred a	ADDRESS DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEME	M. D. TERYOR CREMATORY LOCATION (City, town, or county) (State
BURIAL NOV. 2. 1955 GREEN HI	LL CEMETERY WAYNESBORD PENNA. 24. FUNERAL DIRECTOR ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 2. 1955	WALTER Y. CIROVE WAYNES BURD PENNY

BUREAU V. S.

SS6T + AON

RECEIVED

VS.

PLEASE TYPE

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMOR	RE,	18	1	021
10193	CITI		OT	TOTALIST.				30

1	0	1	93	CERTIFICATE	OF	DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	4
COUNTY WAShington MARYLAND	STATE MARY TONG COUNTY WAS	hington
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL a OR TOWN	and give nearest town)
HOSPITAL OR	STREET (If rural give location)	03
8/ STREET ADDRESS Washington Co. Hespital	ADDRESS 1949 Permy, Aug	
	V OF	Day) (Year) 29 1955
Male White (Specify): Market 12	OF BIRTH: 9. AGE last birthday Months I	Days Hours Min.
work done during most of working life, even if retired):	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Albertus Itover	Martha Danner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 217-09-9243	17. INFORMANT & ADDRESS: 1749 PE Elsie Kisiel Hagers?	LOWN, Md.
18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
450.0	d - 11 - land	11.1
IMMEDIATE CAUSE (A)	more Memmer	1 WW
ANTECEDENT CAUSE (S)	15 dona	
DISEASES OR CONDITIONS, IF ANY, (B)	115 done	years
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.	N	1 00 11170011
0		YES NO
21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (Countetc. INJURY OCCUR?	ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from OCT.	17 , 1953, to OCT . 29 , 19.55 that I last	saw the deceased
alive on OCT. 29, 1955, and that death occurred at		
SIGNATURE	ADDRESS DAVIS OF LIDA.	DE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	D. CREMATORY LOCATION (City town, of	county) (State)
	Comotony Hogenstown	md.
DATE REC'D BY LOCAL REGISTRAR'S, SIGNATURE REGISTRARS	Rest Havery Furen Chap	ADDRESS
	Magazitavin ma	-
	777-00-00 7 0 7 7 7 7 7 7 7 7 7 7 7 7 7	

BUREAU V. S.

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11/1 10 - Rest Howers Comstrary Hagenstown and

and the state of t

Wirekugher and

DIT - Eg- 9843 Flore Lines 1 street - - - - - - 100

Marcha Decement

18/ 36 /81/ co

1216 m m 540 1 cm

William Carte and Walnut A.

- moderal Removed

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10216	CERTIFICATE	OF	DEATH
-------	-------------	----	-------

RE, 18 10216 Reg. Dist. No. 305

1. PLACE OF DEATH:	2. USUAL RESIDE	NCE (HOME) OF DECEAS	ED:
COUNTY WASHINGTON MARYLAND	STATE IM ALIZ V	LAND COUNTY WAS	HIMIGTON
CITY (If outside corporate limits, write RURAL LENGTH OF STAY on and give nearest town) (in this place)	CITY(If outside co	orporate limits, write RURAI	
X TOWN BEAVEIL CREEK-RURAL- LIFE	TOWN BEA	VER CREEK	- IRVIRAL X
HOSPITAL OR	STREET	(If rural give locatio	
INSTITUTION OR	ADDRESS		
STREET ADDRESS HAGERSTOWN IND. R.		ACERSTOWN	1/1D. 15.1
	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED: (Type or Print) NANCY	SUMAN	DEATH: OLTOBE	0 - 13 . 1955
5. SEX: 16. COLOR OR 17 SINGLE, MARRIED, 8. DATE		. AGE last birthday IF UNDER	
FEMALE WHITE WIDOWED APRIL	28 - 1867 3	88-5-15 Months	Days Hours Min.
OA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS		state or foreign country): 12	CITIZEN OF WHAT
work done during most of working life, OR INDUSTRY:	0 . 1		COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MA	EEK WASH.CO.M.	1. U.S.A.
J. FAIRER S NAME:	14. MOINER S MA	DEN NAME:	
MILTON WITMER	SARAH	ANN FOLTZ	
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT &		
Yes, no, or unk.) (If Yes, give war or dates	10		
No of service) IMONE	MRS. ABNER	AULSGROVE HAG	ERSTOWN MD.R.
18. MEDICAL CERTIFICAT	ION		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			ONSET AND DEATH
1416 X	0 1	1	11111
IMMEDIATE CAUSE (A) Taismond	n Ansar	Low	48 ws
DUE TO	101		
ANTECEDENT CAUSE (S)	1	Tr. Boly /	11-11
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DUE TO	commy	4/	13 7
STATING UNDERLYING CAUSE LAST.	1: 11 -	. h (//	
(C) / Trein'a	uc Hear	Linear	40-44
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N		20. AUTOPSY?
			YES NO
ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, fact	tory. 21c WHERE D	ID (City or town) (Co	unty) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,			(50000)
IF EITHER, NOTIFY MEDICAL EXAMINER) TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	D 21F. HOW DID IN	LILIBY OCCUPA	
While Not while	ZIF. HOW DID IN	SORT OCCORT	
M. at work at work			
22. I hereby certify that I attended the deceased from P.J.	11. 1955. to Da	7 13, 1932 that I la	st saw the deceased
alive on 9. 3, 195., and that death occurred at	M, from the	e causes and on the dat	e stated above.
SIGNATURE	ADDRESS		OLLI SIGNED
	1. Donne	nouro	117/55 Mid
	ERY OR CREMATORY	LOCATION (City, town,	or jounty) (State)
REMOVAL (SPECIFY)	I Dansuas	- A	AND WALL OF THE
	HE BRETHREN CE		EFIC WASH. CO.IND.
REGISTRAR 0.15.1953	24. FUNERAL DI		ADDRESS
120131 May 11- Raids	WM.F. BAST	AND SONS 1200A	SBORO MD.

BUREAU V. S.

7 C 18 1922

BECTAED

MARYLAND STATE DEPARTMENT OF HEALTH

10217

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 304

FOR MEDICAL	LEAAWIINERS	Reg. Dist. N	0
COUNTY COUNTY COUNTY CITY (If outside corporate limits, write RURAL and Control of County	OR	COUNT	ve newest town)
HOSPITAL OR HOUGOCK MICH ROad #52:	TOWN STREET ADDRESS	(If rural, give location)	N E-X
S. NAME OF DECEASED (First) (Middle) (Type or Print) Letter Prestone	Suo ai Tra	4. DATE (Month) OF DEATH OCT.	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Marie		AGE last birthday If under Months	1 year If under 24 hr
done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or 1	oreign country) 1	2. CITIZEN OF WHAT COUNTRY?
15. Was Deceased Ever In U.S. Armed Forcest 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND AD	PRESS Machael)
(17 c) service)	mes Sul	La Drus	um.
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 1.	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s) Disease or conditions, if any, (b) giving rise to the above cause stating the underlying cause last	oronary thrombo	sis	AND
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSYT
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bldg., etc.) [CAUSE OF DEATH.] [INJURY]	(CITY OR TO	WN) (COUNTY	Yes No (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY Work at work	HOW DID INJURY OCCU	R?	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes , accident , suicide , homicide	used died on the day stated	Inquiry thereon and above, and death in my	from the evidence opinion resulted
SIGNATURE / 18000 Indeptity MEDICAL EX.	AM. ADDRESS	Newyland	DATE SIGNED
WASH CO. MD. WASH CO. MD. WASH CO. MD. NAME OF CEMETE OF A S-S-		CATION (City, town, or coun	(State)
DATE REC'T BY COCAL REGISTRANS SIGNATURE	24. DIVERNI DIPLETOR	Ber kalen	ADDRESS //

The correct age

FEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BECEINED

BUREAU V. S.

1	e e	MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18	10218
#	Ē	Dr. Bell 10194 CERTIFICATI	E OF DEATH Reg. Dist	. No. 302
	ully.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
	carefull legibly.	COUNTY Washington MARYLAND	state Maryland county Wash	ington
1	ca le	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	and give nearest tow
W	tion	OR and give nearest town) (in this place) 3 TOWN Hagerstown 2 days	TOWN Hagerstown	03
	item of information carefully. of death clearly and legibly.	HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS	,
	nfor	STREET ADDRESS Martin Manor Rest Home	231 Frederick St	
	m of in	DECEASED:	OF .	Day) (Year)
1	m dea		UMMA DEATH: OCt. 1 OF BIRTH: 9. AGE last birthday F UNDER 1	2 19 55 YEAR IF UNDER 24 HR
I)		RACE: WIDOWED, DIVORCED,		Days Hours Min
	every	OA. USUAL OCCUPATION (Give kind of work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHA
Z	cau	even if retired): Engineer W. Md.R.R. Retired	Shippensburg, Penna. U	S. A.
IOI	pply the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
BINDING		Elijah Thumma	Catherine Lutz	
	K.	18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	
FOR	IN	1 NO of service) None	Alvin F. Thumma	
MARGIN RESERVED	UNFADING	18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION	ONSET AND DEAT
RV	IQ	420.0	direction heart diseas	2
SE	TH UNFA	DUE TO	anous herry much	
RE		ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. (B)		
Z	ITH Phy	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		
RG	H	(C)		
MA	jes	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1 ++ ++ + + + + + + + + + + + + + + + +	2
	NL	DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	prosesse hypertrophy	
	7	now		YES NO
		21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home farm, factor Contributing CAUSE OF DEATH OF INJURY street office bldg.,	tory, etc. INJURY OCCUR? (City or typn) (Count	ty) (State)
4	WRITE	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?	
	R is	M. at work at work		
		22. I hereby certify that I attended the deceased from		
10 - 53	TYP	SIGNATURE	1/ A Not Dela	stated above. TE SIGNED
1		23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ERY OR CHEMATORY LOCATION (City, town, or	r county) (Stat
A15	PLEA	Burial 10-15-55 Rose Hill	Cemetery Hagerstown, M	Id.
N N	PI	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Andrew K. Coffman-Hagerst	ADDRESS
			CAMPATOR ITS OCT THISH TICK CIB	N III o WILL

BUREAU V. S.

9961 <u>1</u> 100

SECENTED

CERTIFICATE OF DEATH

Reg. Dist. No302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Washington MARYLAND	Maryland Washington county
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place)	or town Hagerstown 03
HOSPITAL OR	STREET (If mural give location)
8/STREET ADDRESS Wash. County Hospital	ADDRESS 900 Oak Hill Ave
	(Lett)
DECEASED: (Type or Print) HIRAM BENJAMIN	VANTZ 4. DATE (Month) (Day) (Year) OF DEATH: October 23 1955
Male 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify 1 dower Dec	9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 31 1891 63 yrs. Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of North done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
Merchanto Wantz Dist Corp Self Employ	red Highfield Md. USA
	Flora Miller
Charles L. Wantz	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates	
	Richard G. Wantz
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TION 37 Laurel St. INTERVAL BETWEEN ONSET AND DEATH
581.0	
IMMEDIATE CAUSE (A)	tal cirrhusis 2 years
ANTECEDENT CAUSE (\$)	
DISEASES OR CONDITIONS, IF ANY. (B) GIVING RISE TO THE ABOVE CAUSE DUE TO	
STATING UNDERLYING CAUSE LAST.	
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.	ctory, 21c. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	D 21F. HOW DID INJURY OCCUR?
	1, 1913, to 23 664, 1955, that I last saw the deceased
444	
alive on Z. J. Co. 7., 19 S.; and that death occurred at SIGNATURE	ADDRESS DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	A. D. Clark Heroclank (City, town, or county) (State)
REMOVAL (SPECIFY)	
Burial 10-26-55 Rest Haven	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Andrew V Cosses Harrison

OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The MARGIN RESERVED FOR BINDING

PLEASE TYPE

10 - 53

VS. A15.

05 V 120 219

BUREAU V. S.

	OF DEATH:			2. USUAL RESI	DENCE (HOME) OF DECEASED	D:
I. PLACE COUNT OR Y TOWN HOSPII INSTIT STREE 3. NAME DECEA (Type Type 5. SEX:		gton	MARYLAND	STATE Md.	COUNTY Washi	neton
CITY	(If outside corporat	e limits, write RI	JRAL LENGTH OF S	TAY CITY(If outsid	e corporate limits, write RURAL a	
X TOWN	and give nearest to Highfiel		30 Y	rs. Town	Highfield	X
INSTIT	TAL OR TUTION OR T ADDRESS			STREET ADDRESS	(If rural give location)	/
3. NAME DECEA		stl	(Middle)	(Last)	4. DATE (Month) (I	Day) (Year)
(Type	or Print) La	wrence	Α.	Warren	DEATH: October	
5. sex:	White	(Specify)	arried Oct	t. 30, 1905	9. AGE last birthday Months D	Pays Hours Min.
OA. USUA work de even if	L OCCUPATION (Cone during most of vertired):	vorking life.	or industry: rug Store		(State or foreign country): 12. aindale Pa.	CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATH	R'S NAME:			14. MOTHER'S	MAIDEN NAME:	
	Wm. Wa	rren	/		annie Tressler	
Yes NO. 0	r unk.) (If Yes, givof service)	ARMED FORCEST e war or dates	16. SOCIAL SECURITY NO 183-07-3631	ma. Min	mie Warrens His	Wild md
ANT DISEASE GIVING F	MMEDIATE CAUSE ECEDENT CAUSE S OR CONDITIONS IISE TO THE ABOUNDERLYING CA	(\$) 5, IF ANY, VE CAUSE D	UE TO UE TO		,	
	SIGNIFICANT C	ONDITIONS CO	(C)			
TO TH	E DEATH BUT NOT	T RELATED TO T	HE ATH			
	OF OPERATION:	198. MAJOR	FINDINGS OF OPERA	TION		20. AUTOPSY?
19A. DATE		NINCO 1 214			DID (City or town) (Count	ty) (State)
21A. ACC	DENT WAS UNDER	OF DEATH OF	PLACE (Home, farm, INJURY street, office i	oldg., etc. INJURY OCC	UR7	
21a. ACC OR CONTR (IF EITHER.	(Month) (Day)	XAMINER)	21g INJURY OCCUP While Not while at work	oldg., etc. INJURY OCC	INJURY OCCUR?	Page 1
21A. ACC OR CONTR (IF EITHER. 21D. TIME OF "INJUR	(Month) (Day) (Y	Year) (Hour) M. I attended the	21E INJURY OCCUP While Not while at work at work e deceased from S.	RRED 21F. HOW DID	INJURY OCCUR?	
21a. ACC OR CONTR (IF EITHER. 21d. TIME OF "INJUR 22. I her alive SIGNA	eby certify that	Year) (Hour) M. I attended the	21E INJURY OCCUP While Not while at work at work e deceased from S. that death occurred	RRED 21F. HOW DID A 19.0.7, to d at // A M, from ADDRE	INJURY OCCUR? O. J. G, 19. T. That I last the causes and on the date SS	stated above.
21A. ACCOOR CONTR. OR CONTR. (IF EITHER. 21D. TIME OF "INJUR 22. I her alive SIGNA	eby certify that on C	Year) (Hour) M. I attended the	21E INJURY OCCUP While Not while at work deceased from S. that death occurred	ADDRE	O. J, 19.5 that I last the causes and on the date SS DAT LOCATION (City, town, or Hagerstown, Wa	stated above.

DECENVED

OCT 10 1955

S.Y UAARUA

MARYLAND STATE DEPARTMENT OF HEALTH

10196

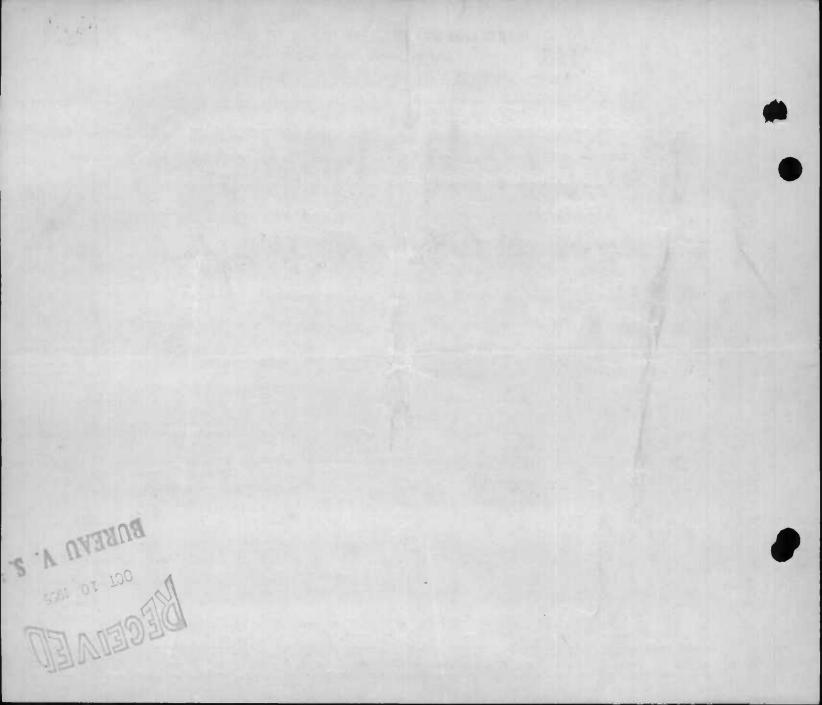
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

10221

1. PLACE OF DEATH- COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place)	CITY (Il outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS (Manhayusta Erunty)	STREET (If rural, give location)
3. NAME OF (Errst) (Middle) (Type or Print)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH (4 19-5-
5. SEX S. COLOR OR RACE 7. SINGLE, MARRIED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY INDUSTRY	11. BIRTHPLACE (State of foreign country) 12. CITTEEN OF WHAT COUNTRY!
13. FATHER'S NAME GLOUGE PERRY	14. MOTHER'S MAIDEN NAME
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (11 yes, give war or dates of service)	My buller James Lautts will Md.
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Baila Interval Between Onset and Deate
157 Immediate cause (a) Circulating failure	- Cardice failure Journia 24 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	of francias - dualinal fittela 2 months
(c) leppe and ment per	toutio, matrutilion, alkalosis 12 buts
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	alinis 2 anta
8-9-55; 9-16-55; Carring a plant of operation	
21. ACCIDENT (Specify) PLACE (Home, farm factory, strest, Off office bldg., etc.) NUCLDE (Former office bldg., etc.)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from O	, 19.55, to Oct. 4 , 19.55 that I last saw the deceased
alive on	/i.1560m., from the causes and on the date stated above. ADDRESS DATE SIGNED
	N. Potomac St. Hagerstown Manyland 10-5-55.
REMOVAL (Specify) DATE THEREOF NAME OF CEMETER REMOVAL (Specify)	while Bronwaillo Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ORD: 7, 1955 SKASH, NOWERS	24. FUNERAL DIRECTOR BUS BUILDER ADDRESS



10219 CERTIFICATI	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Washington MARYLAND	STATE Md COUNTY Machinitan
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	STATE Md. COUNTY Washington CITY(If outside corporate limits, write RURAL and give nearest to
OR and give nearest town) (in this place)	OR
X TOWN Rural, Smithsburg Life	Aural, Smithsburg
INSTITUTION OR	ADDRESS /
Shirthspark Ma . #5	Smithsburg Md., #2
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Dwan William	West DEATH: Oct. 31, 19 55
RACE: WIDOWED, DIVORCED,	9. AGE last birthday FUNDER 1 YEAR IF UNDER 24 HI
Male White Single June 8	3, 1955 yrs. 4 23 11. BIRTHPLACE (State or foreign country): [12, CITIZEN OF WH
work done during most of working life, even if retired):	Waynesboro (Penna.) COUNTRY? U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Richard West	Shirley Rae Toms
18. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service)	Richard West Smitholing md. #
18. MEDICAL CERTIFICAT	TION INTERVAL BETWEE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DE
161.3 Suff	162+10n 4/2 mg
IMMEDIATE CAUSE (A)	12/110
	24.12.4.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	2101114
STATING UNDERLYING CAUSE LAST.	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	roenteritis
DISEASE ON CONDITION CAUSING BEATH.	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	N 20. AUTOPSY
	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.	tory, etc. 21c. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	2 1F. HOW DID INJURY OCCUR?
OF INJURY M. While Not while at work	
22. I hereby certify that I attended the deceased from 6./ 8	, 1953, to /0/3/, 1953 that I last saw the decease
	6:00AM, from the causes and on the date stated above.
SIGNATURE SIGNATURE	ADDRESS / DATE SIGNED
Charles S. Hen	1. D. Smithsling Md. 111/55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City, town, or county) (Sta
REMOVAL (SPECIFY)	Contain the Contai
Burial 11/2/55 Bethel	Smithsburg, Frederick Md.
REGISTRAN - 35 Seo 1 Les guson	Walter V. Grove Warnestons Pa

906599049 VS. A15-10-53 PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



9961 8 VON

BUREAU V. E.

2411 N. Charles Street, Baltimere

CERTIFICATE OF DEATH

302 Reg Diet No.

I. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.
Washing TON MARYLAND	STATE Maryland Washington
CITY (If outside corporate fimits, write RURAL and LENGTH OF STA OR give nearest town) (in this place)	Y CITY (II outside corporate limits, write RURAL and give nearest town)
TOWN Hagerstown	Town Hagerstown 03
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)
STREET ADDRESS WashingTON (aluty Hosp	ADDRESS 161 S. Mulberry St.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Jamie Lee W	1 string of Mad
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last hirthday II under 1 year II under 24 hr
FCMa/e whiTe WIDOWED, DIVORCED, (Specify)	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business of	B 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Country?
13. FATHER'S NAME	Maryland USA
1	Lice a 100 Tavia
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of	James Butler Whittington-Same as &
(Section)	
18. MEDICAL	CERTIFICATION A DOVE
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
Immediate cause (a) Cerebral He	manches 9/
Immediate cause (a)	- Augus
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	
11. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not	Olived and Ilad . at the last
related to the disease or condition causing death Jacob Full Yura	I fluid grassly blood immediately ofthe death)
The Date of Cleaniton 100 mas on any of the Cole and the	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, stress	t, : (CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
	1, 1955, to 10/12, 1955, that I last saw the deceased 2:50A m., from the causes and on the date stated above.
SIGNATURE: (Degree or title)	ADDRESS 302 14: Attached House Agents
23. BURIAL CREMATION DATE THEREOF NAME OF CEMET	The op opposite for the contract of the contract of
BURIAL CREMATION DATE THEREOF NAME OF CEMEN OCT 13.1955 Greenlaw	TERY OR CREMATORY LOCATION (City, town, or county) (State)
DATE AREC'D BY LOCAL REGISTRAR'S SIGNATURE	
125 12, 1955 16 GASH12 revers	A 3 a d V V V
- Illian in appropriation	Albert L. Leaf Williamsport, Md.
2005221344	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15

BUREAU V. S.

SSET #1 100

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UNFADING INK. Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10198 CERTIFICATE OF DEATH Reg. Dist. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Washington MARYLAND	STATE Maryland county Washington
COUNTY WASIINGTON MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	
OR and give nearest town) (in this place)	OR
33 TOWN Hagerstown 15 hrs.	Town Hagerstown 03
HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS
	126 North Mulberry St.
"ashing ton oo. Hospital	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) JAY ROBERT WING)	ERD DEATH: Oct. 21, 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE: WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HR6.
Male White (Specify): Married April	1 28,1917 38 yrs. Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
work done during most of working life, OR INDUSTRY:	COUNTRY?
even if retire abinet Maker Self-employed	Chambersburg, Penna. USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Otis R. Wingerd	Edna R. Saum
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service)————————————————————————————————————	Mrs. Mary Jane Wingerd
18. MEDICAL CERTIFICAT	TION INTERVAL BETWEEN
DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO DUE TO	ary Thrombosis Day
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
198. MAJOR FINDINGS OF OPERATIO	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory, 21c. WHERE DID (City or town) (County) (State) ., etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	D 21F. HOW DID INJURY OCCUR?
22 I handy contify that I attended the descend from Det	2/5,59, to /0/2//519, that I last saw the deceased
	t 5 77 M, from the causes and on the date stated above.
REMOVAL (SPECIFY)	FERY OR CREMATORY LOCATION (City, town, or country) (State)
Burial / 10-24-55 / Rose Hill	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Andrew K. Coffman-Hagerstown Md.
29.26,1930 10000	BHUTEW A. COTTMONTABLETSTOWN MA

SOLE OF A S

10220 CERTIFICATI	E OF DEATH Reg. Dist	. No. 302
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D;
COUNTY Washing too MARYLAND	STATE MA. COUNTY TEE	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)	CITY(If outside corporate limits, write RURAL	and give nearest town)
X TOWN Lanerstown - Rural 34920:	TOWN Screens	
HOSPITAL OR INSTITUTION OR STREET ADDRESS HOME WOOD William	STREET (If rural give location) ADDRESS	/
3. NAME OF (First) . (Middle)		Day) (Year)
DECEASED: (Type or Print) Lessel		4 1955
5. SEX: 6 COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): 3	9. AGE last birthday Ir UNDER 1. 25-73 8 2 yrs.	YEAR IF UNDER 24 MRS. Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
even if retired Speller - H. Social Cont	Poliumont md. 1	USA.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	. 0
Jenry Wissler		
(Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:	was extension
18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
	5 Cardio Visular Seam	5 pe
ANTECEDENT CAUSE (8)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		AUTO CONTRACTOR
DISEASE OR CONDITION CAUSING DEATH	N	20. AUTOPSY?
62		YES NO
21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER)	, etc. INJURY OCCUR?	(State)
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2	0 , 1955, to 7 , 195 , that I las	t saw the deceased
alive on 5-26, 190., and that death occurred at	M, from the causes and on the date	stated above. TE SIGNED
BURIAL CREMATION DATE HEREOF NAME OF CEMET	ERY OF CREMATORY LOCATION (City, town, o	Town State
DEMOVAL (EDECIEV)	-	(State
The state of the s	Enexery Duman	y ma.

Supply every item of information carefully. The MARGIN RESERVED FOR BINDING PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A15-10-53 VS. OZZO CIRTIFICATE OMBIELE

The Table William

THE PROPERTY AND ADDRESS OF THE PARTY OF THE

BUREAU V. E.

BECENTED